

**City of Cortland**  
**Examining Board of Plumbers**  
**Plumbing / Heating License Application**

Instructions: Please complete the following application and submit to the Plumbing Inspector. The application must be accompanied with the appropriate fee (listed below), three written letters of reference, a current liability insurance certificate naming the City of Cortland as the certificate holder and a current workers compensation insurance certificate. If you do not have workers compensation insurance, please provide an exemption form (CE-200) available online at <http://www.wcb.state.ny.us>.

1. What type of License are you applying for?

√	Type of License	Fee For Exam	Fee for License
	Master Plumber	\$100.00	\$300.00
	Type B Plumber	Not required	\$170.00
	Journeyman	Not required	\$40.00
	Apprentice	Not required	\$20.00
	Heating Technician	Not required	\$450.00

1A. Is this a Temporary License?     YES     NO

Note: A temporary license is only available for Master Plumber. The temporary license fee is based upon the cost of the job (jobs under \$10,000 are \$300 and jobs over \$10,000 are \$550)

1B. If yes, what is the address of the work being performed?

\_\_\_\_\_

2. Please provide us with the following contact information:

Your Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

3. Please provide us with your work experience and qualifications

Dates	Employer
(__/__) to (__/__)	_____
(__/__) to (__/__)	_____
(__/__) to (__/__)	_____
(__/__) to (__/__)	_____

4. Do you hold a Certificate of Competency or a License for any Jurisdiction in NY State?  
[ ] YES [ ] NO

4A. If yes, list jurisdiction in which you currently hold such certifications or licenses:

\_\_\_\_\_

5. Have you ever had a certificate or license for plumbing revoked or suspended?  
[ ] YES [ ] NO

5A. If yes, explain: \_\_\_\_\_

\_\_\_\_\_

6. I hereby attest that the above information is true. I agree to perform all required tests and inspections, to fully comply with all State and Local regulations, and to cooperate with the Plumbing Inspector in the performance of his duties.

Signature: \_\_\_\_\_

\*Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
(Please affix stamp)

**For use by the Examining Board of Plumbers**

\_\_\_\_\_ Completed Application

\_\_\_\_\_ Fee

\_\_\_\_\_ Verified Work Experience

\_\_\_\_\_ Three Written Forms of Reference

\_\_\_\_\_ Required Liability Insurance and Proof of Workers Compensation

\_\_\_\_\_ If Exam is Required (P) (F) \_\_\_\_\_ Score

\_\_\_\_\_ License Number

\_\_\_\_\_ Date of Approval

\_\_\_\_\_ Signature of Plumbing Inspector