

City of Olean
Dept. of Fire, Buildings and E.M.S.
Examining & Supervising Board of Plumbers & Plumbing
Olean Municipal Building, Room 212, Plumbing Inspector,
101 E. State Street, P.O. Box 668
Olean, NY 14760
716-376-5683 * 376-5707 (fax)

Application for the Master Plumber's Examination

(Please Print in ink or type. Applications may be denied if not completed in full.)

Applicant's name: _____

Address: _____ Phone: _____

Business Name/Current Employer: _____ Phone: _____

Evidence of United States citizenship: _____

Education

- Elementary: _____, Year completed: _____
- High School: _____, Year completed: _____
- Vocational: _____, Year completed: _____
- College: _____, Year completed: _____
- Other: _____, Year completed: _____

Provide three (3) character references

Name	Address	Phone	Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Provide evidence of having a minimum of eight (8) years of practical plumbing experience with at least 1500 hours per year. A two (2) year degree from a recognized college or university in plumbing, sanitary engineering or plumbing engineering will count as two (2) years experience and a four (4) year degree as four (4) years experience. Please provide on a separate sheet, each place of business in which you worked as a plumber, including dates worked, total hours worked, business addresses and phone numbers.

Applicant affidavit

I, the undersigned, do solemnly swear that I have answered all of the above questions truthfully, that I am the person who will take the examination, and that I affixed my signature to this application.

(applicant's signature)

(date)

Sworn to before me
this ___ day of _____, 20__.

Notary Public

(for office use only)

ACCEPTED / DENIED by the Examining & Supervising Board of Plumbers & Plumbing on

Bruce Burton

Dave Luca

William Clarke

DPW Director

Date