



CITY OF BUFFALO - Department of Permit and Inspections PLUMBING DEPARTMENT

65 Niagara Sq. City Hall Room 312 Buffalo, NY 14202
Phone (715) 851-5067

Application - JOURNEYMAN PLUMBER LICENSE

This is the application for a Plumber Journeyman License.
Complete all applicable sections. An incomplete application may result in rejection.

Applicant Name _____

Home Address _____
(PO box not acceptable) street city state zip

work phone _____ cell phone _____ home phone _____

date of birth _____ email _____

Education High School _____
College/other _____

Qualifications: Minimum of 8000 Hours with a Master Plumber

List Master Plumbers for whom you have worked, starting with most recent.

1. _____ dates _____ hours _____
2. _____ dates _____ hours _____
3. _____ dates _____ hours _____

I declare that this application and all information listed upon it are correct and accurately reflect all plumbing work done by myself.

Print Name _____

Applicant Signature _____ **Date** _____

See side 2 – this application must be notarized.

For office use only	
Examining Board of Plumbers	
Chairman	_____

Date accepted	_____

MASTER PLUMBER AFFIDAVIT

Master Plumber _____ phone _____

Business Name _____

Address _____
street city state zip

Subscribed and sworn before me this
__ day of _____ 20 ____

Notary of Public Commissioner of Deeds

I hereby state that I am a duly licensed Master Plumber of (city) _____ . I have read statements of (applicant) _____ as they apply to applicant's work experience. Applicant has worked _____ hours under my supervision, and I hereby certify such statements are correct.

Master Plumber Signature _____ date _____

Master Plumber _____ phone _____

Business Name _____

Address _____
street city state zip

Subscribed and sworn before me this
__ day of _____ 20 ____

Notary of Public Commissioner of Deeds

I hereby state that I am a duly licensed Master Plumber of (city) _____ . I have read statements of (applicant) _____ as they apply to applicant's work experience. Applicant has worked _____ hours under my supervision, and I hereby certify such statements are correct.

Master Plumber Signature _____ date _____

Master Plumber _____ phone _____

Business Name _____

Address _____
street city state zip

Subscribed and sworn before me this
__ day of _____ 20 ____

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I hereby state that I am a duly licensed Master Plumber of (city) _____ . I have read statements of (applicant) _____ as they apply to applicant's work experience. Applicant has worked _____ hours under my supervision, and I hereby certify such statements are correct.

Master Plumber Signature _____ date _____