



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 REPAIR LICENSE

This is the application for a Plumber Journeyman Repair 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 _____

Qualifications: Minimum of 3000 hours worked for a Master Plumber

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** _____

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)
_____. The applicant listed above has worked
under my supervision for _____ hours.

Master Plumber Signature _____ date _____

For office use only
Examining Board of Plumbers
Chairman _____

Date approved _____