

CITY OF KINGSTON
Building Safety and Zoning Enforcement
buildings@kingston-ny.gov

Steven T. Noble, Mayor
Stephan Knox, Director



Paul Economos, Asst. Director

APPLICATION FOR EXAMINATION FOR CERTIFICATE OF COMPETENCY

TO THE BOARD OF PLUMBERS FOR THE CITY OF KINGSTON, NEW YORK

I HEREBY APPLY FOR EXAMINATION FOR A CERTIFICATE OF COMPETENCY AND IN COMPLIANCE WITH THE PROVISIONS OF THE GENERAL CITY LAW AND THE PLUMBING CODE OF THE CITY OF KINGSTON, CERTIFY UNDER OATH AS FOLLOWS:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE NUMBER: _____

EMAIL ADDRESS: _____

PRESENT OCCUPATION: _____

PLACE OF BIRTH: _____

I AM A CITIZEN OF: _____

IF NATURALIZED; DATE AND PLACE OF NATURALIZATION: _____

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**OCCUPATION, THE NAMES AND ADDRESSES OF EMPLOYERS DURING THE PAST FIVE (5)
YEARS:**

OCCUPATION

DATES EMPLOYED

EMPLOYER, ADDRESS & PHONE

**I NOW OR HAVE HELD CERTIFICATES OF COMPETENCY ISSUED BY BOARD OF PLUMBERS IN
THE FOLLOWING MUNICIPALITIES:**

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****** TRAINING IN THE MILITARY SERVICES IN THE PLUMBING TRADE MAY BE ALLOWED.**

PREREQUISITES TO ISSUANCE: BEFORE ISSUING A CERTIFICATE TO ENGAGE IN THE BUSINESS OF MASTER PLUMBER, THE BOARD SHALL INQUIRE INTO THE APPLICANTS FITNESS AND QUALIFICATIONS FOR CONDUCTING SUCH BUSINESS. WE MAY REQUIRE THE APPLICANT TO SUBMIT UNDER OATH SUCH EVIDENCE, IN ADDITION TO THE EXAMINATIONS AND TEST PROVIDED, AS WILL SATISFY THE BOARD THAT HE OR SHE IS A PERSON OF GOOD REPUTE, CHARACTER AND RESPONSIBILITY AND OTHERWISE QUALIFIED TO ENGAGE IN THE BUSINESS OF MASTER PLUMBER.

SIGNATURE OF APPLICANT

SWOEN TO BEFORE ME THIS _____ DAY OF _____

NOTARY PUBLIC