

JEFFREY M. LANIGAN  
Mayor



MARK DOMENICO  
Director

**DEPARTMENT OF CODE ENFORCEMENT**

ROME CITY HALL, 198 N. WASHINGTON STREET

ROME, NEW YORK 13440-5815

Telephone: (315) 339-7642 Fax: (315) 339-7638

[www.romenewyork.com](http://www.romenewyork.com)

**APPLICATION FOR LIMITED RESIDENTIAL PLUMBING EXAMINATION**

**Instructions**

- 1) Type or print in ink
- 2) Two (2) Affidavits of Good Moral Character and Affidavits of Employment (plumbing employment only) must be completed and submitted along with your application. The Affidavit forms have been provided to you. Please distribute the forms to the necessary individuals for completion. Direct individuals to return completed, signed and acknowledged Affidavits directly to you. ***Do not submit application until all completed Affidavits have been returned to you.***
- 3) Application fee must accompany application.

1. NAME \_\_\_\_\_

2. ADDRESS \_\_\_\_\_

Street & Number

City

State

Zip Code

3. TELEPHONE: (    ) \_\_\_\_\_ (    ) \_\_\_\_\_

4. EMAIL: \_\_\_\_\_

5. SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Are you a US Citizen? YES \_\_\_\_\_ NO \_\_\_\_\_ If no, please provide Employment Authorization Document (EAD)

7. Are you a licensed plumber in any city or state: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, date first licensed \_\_\_\_\_ Type \_\_\_\_\_

***(Attach a copy of original certificate or copy of current license)***

8. Education (Attach copy of transcript from trade schools pertaining to the plumbing trade)

Trade School

Name and Location

Date of Attendance

\_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

9. Number of years engaged in trade, business or calling of plumbing/Please list all work experience in the plumbing trade:

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10. Employment (five years immediately preceding the date of application; list all)

Employer

City

Phone Number

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11. Have you ever been convicted of a crime? YES \_\_\_ NO \_\_\_  
(If yes, please provide brief description)

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STATE OF NEW YORK        )  
COUNTY OF \_\_\_\_\_ ) ss.:

The applicant, being duly sworn, deposes and says that the statements subscribed to by him/her are true to the best of his/her knowledge and that he/she personally signed this Application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

STATE OF NEW YORK        )  
COUNTY OF \_\_\_\_\_ ) ss.:

On the \_\_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_, before me, the undersigned, a Notary Public/Commissioner of Deeds in and for said State, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that (s)he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public/Commissioner of Deeds

My Commission Expires: \_\_\_\_\_



**EMPLOYMENT AFFIDAVIT**

In the Matter of the Application of: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

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

Street

Apt. or Suite No.

City

State

Zip Code

Immediate Supervisor to Applicant: \_\_\_\_\_  Licensed Journeyman  Contractor

Not Licensed

Plumbing performed: \_\_\_\_\_ Plumbing Repair Residential    \_\_\_\_\_ Plumbing New Construction Commercial  
\_\_\_\_\_ Plumbing Maintenance    \_\_\_\_\_ Plumbing Repair Commercial    \_\_\_\_\_ Sewer Cleaning  
\_\_\_\_\_ Plumbing New Construction Residential

Date of Employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Date of Separation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason Employment Ended: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.:

I \_\_\_\_\_, being duly sworn, depose and say that the answers to the foregoing questions have been supplied by me and that the answers subscribed by me are true to my own knowledge.

Affiant's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.:

On the \_\_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_, before me, the undersigned, a Notary Public/Commissioner of Deeds in and for said State, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that (s)he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public/Commissioner of Deeds

My Commission Expires: \_\_\_\_\_



**AFFIDAVIT**

Two (2) Affidavits must be completed and signed by persons (**other than applicant or family members of applicant**) indicating personal acquaintance with the applicant and attesting to applicant's good moral character and temperate habits.

- 1. In the Matter of the Application of \_\_\_\_\_
  
- 2. Your Name \_\_\_\_\_
  
- 3. Home Address (Street & Number) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
  
- 4. Telephone: (    ) \_\_\_\_\_

5. In answer to this question, please provide the following: 1) the length and nature of your acquaintance with applicant; 2) your opinion as to applicant's good moral character and temperate habits; and 3) the basis for your opinion:

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STATE OF NEW YORK        )  
COUNTY OF ONEIDA       ) ss.:

I \_\_\_\_\_, being duly sworn, depose and say that the answers to the foregoing questions have been supplied by me and that the answers subscribed by me are true to my own knowledge.

Affiant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

STATE OF NEW YORK        )  
COUNTY OF ONEIDA       ) ss.:

On the \_\_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_, before me, the undersigned, a Notary Public/Commissioner of Deeds in and for said State, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that (s)he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public/Commissioner of Deeds  
  
My Commission Expires: \_\_\_\_\_

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2. Your Name \_\_\_\_\_

3. Home Address (Street & Number) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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STATE OF NEW YORK        )  
COUNTY OF ONEIDA        ) ss.:

I \_\_\_\_\_, being duly sworn, depose and say that the answers to the foregoing questions have been supplied by me and that the answers subscribed by me are true to my own knowledge.

Affiant's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

STATE OF NEW YORK        )  
COUNTY OF ONEIDA        ) ss.:

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Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public/Commissioner of Deeds

My Commission Expires: \_\_\_\_\_



