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

APPLICATION FOR LIMITED RESIDENTIAL PLUMBING EXAMINATION

Instructions

1) Type or print in ink

3) Application fee must accompany application.

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.

7 11	1 7 11		
1. NAME			
2. ADDRESS			
2. ADDRESS	Street &	Number	
	City	State	Zip Code
3. TELEPHONI	E: ()		
4. EMAIL:			
5. SSN:		DOB:/	
6. Are you a US	Citizen? YES N	NO If no, please provi	de Employment Authorization Document (EAD
7. Are you a lice	ensed plumber in any city	or state: YESNO	
If yes, date fir	rst licensed	Type of original certificate or co	
	(Attach a copy	of original certificate or co	ppy of current license)

Trade School	Name and Location	Date of Attendance			
		From:	/	_ To:	/
Number of years engagide:	ged in trade, business or calling of	plumbing/Please	e list all wo	rk experienc	e in the plumbin
. Employment (five ye	ars immediately preceding the date	e of application;	list all)		
<u>Employer</u>	<u>City</u>		<u>Phon</u>	<u>e Number</u>	
<u>Employer</u>	<u>City</u>		<u>Phon</u>	e <u>Number</u>	
<u>Employer</u>	<u>City</u>		<u>Phon</u>	e Number	
<u>Employer</u>	City		<u>Phon</u>	e Number	
Employer	City		Phon	e Number	
Employer	City		Phon	e Number	
	convicted of a crime? YES N	O	Phon	e Number	
1. Have you ever been o	convicted of a crime? YES N	O	Phon	e Number	

STATE OF NEW YORK COUNTY OF)) ss.:					
The applicant, being of his/her knowledge and tha				ribed to b	y him/l	her are true to the best
Applicant's Signature:				Date:	/	
STATE OF NEW YORK COUNTY OF)) ss.:					
On the or Public/Commissioner of Dee personally known to me or prosubscribed to the within instruits his/her signature on the instruinstrument.	rument and acknow	wledged to me that	(s)he executed the	same in l	his/her	capacity, and that by
Sworn to before me this of, 20	day					
Notary Public/Commissioner	of Deeds					
My Commission Expires:		_				

EMPLOYMENT AFFIDAVIT

In the Matter of the Appl	lication of:					
Employer Name:	Telephone: ()					
Business Address:	Street	Apt. or	Apt. or Suite No.			
	City	State	Zip Code			
Immediate Supervisor to	Applicant:		Licensed Journeyman Contractor Not Licensed			
_		nce Plumbing F	abing New Construction Commercial Repair Commercial Sewer Cleaning			
Date of Employment:	//	_ Date of Separa	tion:/			
Reason Employment End	ded:					
STATE OF		and gove that the analysis	to the forecasing assertions have been asserted by me			
and that the answers subscr			to the foregoing questions have been supplied by me			
Affiant's Signature:			_ Date://			
STATE OFCOUNTY OF)) ss.:					
On thePublic/Commissioner of Dome or proved to me on the acknowledged to me that (s the person upon behalf of v Sworn to before me this, 20	s)he executed the same in he which the individual acted, o day	is/her capacity, and that b	fore me, the undersigned, a Notary			
Notary Public/Commission	er of Deeds					
My Commission Expires: _						

EMPLOYMENT AFFIDAVIT

In the Matter of the A	pplication of:			_
Employer Name:		Te	elephone: ()	
Business Address:	Street	Apt. o	Apt. or Suite No.	
	City	State	Zip Code	
Immediate Supervisor	to Applicant:		Licensed Journeyr Not Licensed	nan Contractor
Plumbing performed:	Plumbing Main		Plumbing New Construction Cong Repair Commercial	
Date of Employment:	/	Date of Separ	ration://	
Reason Employment l	Ended:			
STATE OF)) ss.:			
	, being duly sworn, de escribed by me are true to		rs to the foregoing questions hav	e been supplied by me
Affiant's Signature:			Date://	
STATE OFCOUNTY OF)) ss.:			
acknowledged to me that	t (s)he executed the same	, in the year 20, boate, personally appearedvidence to be the individual we in his/her capacity, and that eted, executed the instrument.	whose name is subscribed to the by his/her signature on the instru-	ary, personally known to within instrument and ument, the individual, o
Sworn to before me this of, 20	day 			
Notary Public/Commiss	ioner of Deeds			
My Commission Expire	s:			

EMPLOYMENT AFFIDAVIT

In the Matter of the Ap	plication of:				
Employer Name:	Telephone: ()				
Business Address:					
	Street	Apt. or	Apt. or Suite No.		
	City	State	Zip Code	2	
Immediate Supervisor	to Applicant:		Licensed Journeyman Contractor	Not Licensed	
_	Plumbing Repair Resider Plumbing Maintenance Plumbing New Construct	Plumbing Repair			
Date of Employment: _		Date of Separation:			
Reason Employment E	nded:				
STATE OF)) ss.:				
I and that the answers su	, being duly sworn, deposed by me are true to my	e and say that the answers own knowledge.	s to the foregoing questions h	ave been supplied by me	
Affiant's Signature:			Date:/		
STATE OFCOUNTY OF)) ss.:				
me or proved to me on acknowledged to me th	day of day of for Deeds in and for said State, put the basis of satisfactory evider that (s)he executed the same in hor of which the individual acted,	nce to be the individual winis/her capacity, and that l	hose name is subscribed to the	e within instrument and	
Sworn to before me thi of, 20_	s day 				
Notary Public/Commis	sioner of Deeds				
My Commission Expir	es:				

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	ation of		_	
2. Your Name				
3. Home Address (Street & N	umber)			_
	City	State	Zip Code	_
4. Telephone: ()				
5. In answer to this question,2) your opinion as to applicant			ature of your acquaintance with apple 13) the basis for your opinion:	icant;
STATE OF NEW YORK COUNTY OF ONEIDA)) ss.:			
Ibeen supplied by me and that t	, being duly sworthe answers subscribed	n, depose and say that the by me are true to my own	answers to the foregoing questions h knowledge.	ave
Affiant's Signature:			_ Date://	
STATE OF NEW YORK COUNTY OF ONEIDA				
personally known to me or prosubscribed to the within instru	oved to me on the basis ment and acknowledge	of satisfactory evidence to d to me that (s)he executed	be the individual whose name is I the same in his/her capacity, and the which the individual acted, executed	
Sworn to before me this of, 20	day			
Notary Public/Commissioner	of Deeds			
My Commission Expires:				

<u>AFFIDAVIT</u>

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2. Your Name			
3. Home Address (Street & N	(umber)		
	City	State	Zip Code
4. Telephone ()			
5. In answer to this question,2) your opinion as to applican			ture of your acquaintance with applican 3) the basis for your opinion:
STATE OF NEW YORK COUNTY OF ONEIDA I been supplied by me and that Affiant's Signature:	, being duly swor the answers subscribed	by me are true to my own k	
STATE OF NEW YORK COUNTY OF ONEIDA)		
personally known to me or prosubscribed to the within instru	oved to me on the basis ment and acknowledge	of satisfactory evidence to d to me that (s)he executed	be the individual whose name is the same in his/her capacity, and that be which the individual acted, executed the
Sworn to before me this of, 20	day		
Notary Public/Commissioner	of Deeds		
My Commission Expires:			