

Board of Plumbing Examiners
City Hall
474 Broadway
Saratoga Springs, NY 12866



Board Use Only:
Approved: _____
Rejected: _____

APPLICATION FOR MASTER PLUMBING CERTIFICATION

Name: _____

Phone: _____ Email: _____

Mailing Address: _____

Attach to your application:

1. Resume.
2. A detailed description of your apprentice training and copies of any diplomas received.
3. The minimum requirement for certification is five (5) years continuous employment as a Journeyman in the plumbing trade. Attach letters from each master plumber you have worked for as a Journeyman, describing years of service.
4. A processing fee of \$400 payable in cash or check. This fee covers the original exam and one (1) retake. Make check payable to the Commissioner of Finance.
5. If you have been certified as a Master Plumber in another municipality, please list (use additional sheets as necessary; processing fee of \$400 applies regardless of certifications in other municipalities):

After the Board reviews your application, you will be notified of the next exam date.

If your application is not approved for exam eligibility, 75% of your fee will be refunded.

Your certification will expire on December 31st regardless of when it is issued.

You must renew your certification annually. Renewal certificates are \$50. Failure to renew the certification by January 15th will result in an additional late fee of \$50.

If you do not pass the exam, you will have thirty (30) days to review the exam, question your results, and submit a written request if you want to appeal as specified in the ordinance (City Code Chapter 171 entitled "Plumbing").

Application MUST be notarized

I hereby acknowledge that my participation in the Master Plumber's Practical Examination carries with it the potential for death, serious injury, and/or property loss. I hereby expressly assume all risk of injury and damage and release the City of Saratoga Springs, NY and its Agents and Employees, from all liability and claims of whatever nature or cause which may occur as a result of my participation. I further acknowledge that no person or entity shall have the right to bring an action against the City or its Agents or Employees who were acting within the scope of their authority, for damages resulting from or in connection with any such physical examination of my skills.

I have read, understood, and agree to abide by the rules and regulations governing the Master Plumbers Certification Program established by the City of Saratoga Springs' Municipal Code. I agree to comply with the City's certification conditions and with all other requirements of the City, County, and State governments, including compliance with all the provisions of the federal and state NYS Title VI and Civil Rights legislation.

I certify that the information contained in the foregoing application and attached materials is true and correct to the best of my knowledge and belief.

Applicant's Signature: _____ Date: _____

Sworn to before me on _____

Notary Public

Office Use Only

Applicant's Name: _____ Date Application Accepted: _____

Exam fee Paid: _____ Check Number _____

Written Exam Date: _____ Pass Fail

Written Re-Exam Date (if required): _____ Pass Fail

Practical Exam Date: _____ Pass Fail

Certification # _____

Saratoga Springs Board of Plumbing Examiners

By signing below, I acknowledge that I have reviewed this application and accompanying materials and agree that the applicant is eligible for examination as a Master Plumber.

Master Plumber, William Benton: _____

Master Plumber, Jason Kelsey: _____

Journeyman, Kevin Potter: _____

City Engineer or designee, Matt Zeno: _____

Plumbing Inspector, Patrick Cogan: _____