



CITY OF WATERTOWN, NEW YORK  
Office of Code Enforcement  
245 Washington Street  
Watertown, New York 13601  
315-785-7735

**Application for Master Plumber's Certificate of Registration**

Applicant's Name: \_\_\_\_\_

Certificate of Competency Number: \_\_\_\_\_

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Having obtained a Certificate of Competency as a Master Plumber, and pledging myself to be governed in all respects by the rules and regulations, which are or may be adopted by the City Council of the City of Watertown and the Examining Board of Plumbers, I hereby request to register my license to practice as a Master Plumber or a employing plumber during the period of July 1, \_\_\_\_\_ to June 30, \_\_\_\_\_.

Business Name: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_

Respectfully Submitted,

\_\_\_\_\_  
Licensed Master Plumber (signature) \_\_\_\_\_  
Date

For Examining Board of Plumbing records:

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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**City Use Only – Fees:**

Date Annual Fee (\$250) Paid: \_\_\_\_\_ Payment Type: Cash or Check # \_\_\_\_\_

Date Certificate Issued: \_\_\_\_\_ In-person or Mailed