



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: _____

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,

_____ (signature)

Licensed Master Plumber

_____ Date

For Examining Board of Plumbing records:

Home Address: _____

Home Phone: _____

City Use Only – Fees:

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

Date Certificate Issued: _____ In-person or Mailed