

City of Cortland  
Examining Board of Plumbers  
**2015 Plumbing / Heating License Application Renewal**

Instructions: Please complete the following application and submit it to the Plumbing Inspector. This application must be accompanied with the appropriate fee (listed below) and the current insurance certificate naming the City of Cortland as the certificate holder and a current workers compensation insurance certificate. If you do not have workers compensation insurance, please provide an exemption form, available online at [http://www.wcb.state.ny.us/content/ebiz/wc\\_db\\_exemptions/requestExemptionOverview.jsp](http://www.wcb.state.ny.us/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp)

1. Please provide us with the following contact information:

Your Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

2. Please list below the individual licenses to be renewed. (Please include all employees that will be performing work.)

Master:

Journeyman:

Apprentice:

Heat Tech\*:

Type B:

\*If Registering a Heating Company, please provide a list of all heating technicians.

3. Make checks payable to City of Cortland.

Master Plumber	\$100.00	Inactive License	\$20.00
Journeyman	\$40.00	Type B	\$80.00
Apprentice	\$20.00	Heating Registration	\$100.00

4. I hereby attest that the above information is true. I agree to perform all required tests and inspections, to fully comply with all State and Local regulations, and to cooperate with the Plumbing Inspector in the performance of his duties.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For use by the Examining Board of Plumbers

\_\_\_\_\_ License Number

\_\_\_\_\_ Fee

\_\_\_\_\_ Date of Approval

\_\_\_\_\_ Liability Insurance

\_\_\_\_\_ W/C Insurance OR Exemption

\_\_\_\_\_  
Signature of Plumbing Inspector