Examination Date: October 25, 2025

Onondaga County Examining Board for Plumbers Application for Examination for Certificate of Competency

Name (Please Print)		Telephone		
Address	City			
	sly been accepted, it is not necessary to indicate your most recent employ			
EDUCATION:				
High School		Years		
College_		Years		
Trade School		Years		
Other		YearsYears		
If self employed, so state. Names & Addresses of Employers	ss of two weeks. List all periods in Description of Duties	From (Month/Year)	To (Month/Year)	

I hold certificates of competency as Master Plumber from the following Examining Boards of Plumbers: (give dates when granted)
I am registered as a Journeyman Plumber with the following Examining Boards of Plumbers for this year:
The first date I was registered as a Journeyman Plumber was:
I hereby certify that the above facts are true and correct and that I have not omitted any material fact bearing on my competency. I hereby apply for examination leading to a certificate of competency from the Onondaga County Examining Board for Plumbers.
SignedDate

Return Completed Form and Payment no later than End of Business on Friday, September 19, 2025 to:

Onondaga County Department of Water Environment Protection Division of Plumbing Control 650 Hiawatha Blvd W Syracuse, NY 13204-1123

Please Note – <u>APPLY EARLY</u>...

LATE APPLICATIONS WILL NOT BE ACCEPTED FOR ANY REASON.

Applications received without payment will not be accepted