

**City of Olean**  
**Dept. of Fire, Buildings and E.M.S.**  
**Examining & Supervising Board of Plumbers & Plumbing**  
Olean Municipal Building, Room 212, Plumbing Inspector, Robert W. Clarke  
101 E. State Street, P.O. Box 668  
Olean, NY 14760  
716-376-5683 \* 376-5707 (fax)

**Application for the Master Plumber's Examination**

**(Please Print in ink or type. Applications may be denied if not completed in full.)**

Applicant's name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name/Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Evidence of United States citizenship: \_\_\_\_\_

Education

- Elementary: \_\_\_\_\_, Year completed: \_\_\_\_\_
- High School: \_\_\_\_\_, Year completed: \_\_\_\_\_
- Vocational: \_\_\_\_\_, Year completed: \_\_\_\_\_
- College: \_\_\_\_\_, Year completed: \_\_\_\_\_
- Other: \_\_\_\_\_, Year completed: \_\_\_\_\_

Provide three (3) character references

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Provide evidence of having a minimum of eight (8) years of practical plumbing experience with at least 1500 hours per year. A two (2) year degree from a recognized college or university in plumbing, sanitary engineering or plumbing engineering will count as two (2) years experience and a four (4) year degree as four (4) years experience. Please provide on a separate sheet, each place of business in which you worked as a plumber, including dates worked, total hours worked, business addresses and phone numbers.

Applicant affidavit

I, the undersigned, do solemnly swear that I have answered all of the above questions truthfully, that I am the person who will take the examination, and that I affixed my signature to this application.

\_\_\_\_\_  
(applicant's signature)

\_\_\_\_\_  
(date)

Sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

**(for office use only)**

ACCEPTED / DENIED by the Examining & Supervising Board of Plumbers & Plumbing on

\_\_\_\_\_  
Robert W. Clarke, Plbg. Insp.

\_\_\_\_\_  
Dale Anderson

\_\_\_\_\_  
Daniel Shembeda

\_\_\_\_\_  
William Clarke

\_\_\_\_\_  
DPW Director

\_\_\_\_\_  
Date