



CITY OF GLEN COVE
Building Department

**FELLOW PLUMBER OR EMPLOYER'S AFFIDAVIT
FOR PLUMBERS LICENSE**

1. I have known the applicant _____, for _____ years.
(Applicants Name)

I have employed the applicant from _____ to _____ as a
(year) (year)

Master Plumber Journeyman Plumber

2. During this time, his/her responsibility included:

3. His/her work was: Excellent Satisfactory Poor

Comments:

4. I have read the statements made in his/her application and believe them to be true. I endorse his/her application for a master plumber license.

5. Employer Information

Your Name: _____

Business Name: _____

Address: _____

6. Plumbers License # _____ Town/Village/City _____

I understand this application is to be filed with the City Clerk and that the information will be relied upon by the City of Glen Cove in granting this license. **I SWEAR THAT ALL STATEMENTS ARE TRUE.**

DATE

APPLICANT'S SIGNATURE

NOTARY PUBLIC

Sworn to me this _____ day of _____

Notary Public / Commissioner of Deed