



**CITY OF JAMESTOWN
APPLICATION FOR APPRENTICE LICENSE REQUIREMENTS**

Requirements:

No person shall engage as a plumbing apprentice in the City of Jamestown unless so registered in the Plumbing Inspector's Office. The annual registration fee shall be five (*\$5 plus \$5 for the identification photo) and shall be the responsibility of the apprentice. It shall be the duty of the apprentice to keep the City informed as to the length of time employed by each firm.

*Please note that all applications are subject to a background check and a \$15 fee is required for this procedure.

Article II, Sections 4 & 8 of the Plumbing Code, requires plumbers, i.e., Master, Journeyman & Apprentices, to be of good moral character; therefore, beginning January 1, 2012, all new applicants will be required to pay a \$15 fee for a background check by the Police Department. **Please contact the Jamestown Police Department to request the background check.**

A new background check will be required each time you advance to a new level in the plumbing field.

Please submit completed application along with payment to:

**Jamestown BPU
Attn: Plumbing Office
PO Box 700
Jamestown, NY 14702-0700**



Date: _____

Application for Apprentice License
City of Jamestown

Applicant: _____ Phone No. _____

Address: _____ Date of Birth: _____

_____ Driver License #: _____

Company/Master Plumber you will be working under: _____

We:

_____ residing at _____

_____ residing at _____

_____ residing at _____

Do hereby severally certify, and each of us does for himself/herself certify,

that he/she is personally acquainted with _____, and
Name of Applicant

believes him/her to be of good moral character, of temperate habits, and has had the experience as stated here as required by the plumbing code of the City of Jamestown, New York, and that each of us is willing that the certificate be published for public information.

Those certifying to this certificate must sign here.

_____)

_____)

_____)



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APPLICANT NAME _____

Apprenticeship:

Years	# of Hrs.	Company Name/Address/Contact Info.
1. From _____ to _____	_____	_____ _____ _____
2. From _____ to _____	_____	_____ _____ _____
3. From _____ to _____	_____	_____ _____ _____

**If you need additional space, please print information on reverse side or a separate sheet of paper.

Totals:

I hereby certify that the above statements are correct and true.

Applicant: _____ **Date:** _____

Approved by: _____ **Date:** _____
Plumbing Inspector