



Town of North Hempstead

Department of Building Safety, Inspection & Enforcement

210 Plandome Road, Manhasset, NY 11030-2326

www.northhempsteadny.gov



Reciprocal Plumber/Tri-Town Plumber Acknowledgement

App #:

Name: _____

Phone: _____

Address: _____

Email Address: _____

City, State Zip: _____

Plumbing License Number: _____

Town of Issuance: _____

STATE OF NEW YORK)
) SS:
 COUNTY OF _____)

I, _____ hereby declare, under oath, that I fully understand and have
Applicant Name – Business Name
 answered all questions on my **Application for Certificate of Competency and/or Plumbing License** truthfully; that I am the person
 who is to be examined if examination is required, and that I have affixed my signature to this application.

I, _____ being duly sworn, depose and state that I conduct a **Plumbing**
Applicant Name
Business at _____
Address and Phone Number

I understand that falsification of this information or by not informing the Town of North Hempstead of any relocation from the
 above noted address will cause revocation of the applied for **Plumbing License**.