

## **License Application (LIC-2)**

Additional instructions for **Master Plumber** and **Master Fire Suppression Piping Contractor**

Original applicants must schedule an appointment with the Licensing Unit by calling (212) 393-2259

### **ORIGINAL APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING:**

- Examination Score Report Form
- Notarized Background Investigation Questionnaire
- Experience Verification Forms
- Social Security History of Earnings statement (non-certified)
- Birth Certificate,
- Original Social Security Card,
- Last Pay Stub or W2
- Photo I.D. (Driver's license, NYS non-driver's ID, current passport or green card)
- Proof of residence (utility bill) (cellular phone bill not accepted)
- Three (3) current 2x2 photographs (passport size)
- Completed typed license application (LIC-2)

### **RENEWAL APPLICANTS MUST PROVIDE THE FOLLOWING:**

- Completed typed license application (LIC-2)
- Two (2) 2x2 current photographs (passport size)
- Child Support Certification form.
- Original Continuing Education Course Certificate
- Insurance certificate for general liability, workman's compensation and disability. If you do not have workman's compensation/disability coverage you must submit a waiver from the Workman's Compensation Board (WCB). Forms can be obtained from WCB office at (800) 877-1373.

### **SOCIAL SECURITY INFORMATION FOR ORIGINAL AND RENEWAL APPLICANTS:**

- *In accordance with Federal and State Laws, the New York City Department of Buildings requires that all applicants for licenses/license holders provide their Social Security Number (SSN). DOB will use the SSN to conduct background investigations and maintain accurate license and related records. This information may be shared with other government agencies, consistent with applicable laws and Departmental policy or with the SSN holder's written permission, but will otherwise be kept confidential. The specific statutory authority for requiring SSN's is in the following: Federal Law-Privacy Act of 1974 (Section 7 of P.L., 93-579); Welfare Reform Act of 1996 (42 USCA 666(a)), and Section 5 of the NYS Tax Law.*

### **INSURANCE REQUIREMENTS:**

**THE CERTIFICATE HOLDERS SECTION MUST BE MADE OUT TO: THE DEPARTMENT OF BUILDINGS, LICENSING UNIT, 280 BROADWAY, 6th FLOOR, NEW YORK, NY 10007.**

### **Original/Changes and/or additions when business affiliation is a CORPORATION must provide the following:**

- Copies of original issued shares (licensee must own at least 51% controlling interest, unless there is more than one licensee; in that case the applicant must own a percentage of the 51% controlling interest)
- Affidavit for un-issued shares of stock must be written on corporation stationery and notarized
- Copy of certificate of incorporation
- Copy of filing receipt
- Copy of article of agreement (if none, an affidavit on corporation stationery stating such must be submitted)
- Copy of minutes stating the elected officers
- Corporation must have business address in the city of New York
- Insurance certificate for general liability, workman's compensation and disability. If you do not have Workman's Compensation/Disability coverage you must submit a waiver from Workman's Compensation Board. Forms can be obtained from WCB office at (800) 877-1373.

### **Original/Changes and/or additions when business affiliation is a PARTNERSHIP must supply.**

- Certificate of partnership stating all present officers and their percentage of ownership
- Business address of partnership must be in the City of New York
- Insurance certificate for general liability, workman's compensation and disability. If you do not have Workman's Compensation/Disability coverage you must submit a waiver from Workman's Compensation Board. Forms can be obtained from WCB office at (800) 877-1373.

### **Original/Changes and/or additions who is applying as an INDIVIDUAL with a business name (Sole-Proprietor) must supply:**

- Copy of business certificate from the county clerk
- Business address must be in the City of New York
- Insurance certificate for general liability, workman's compensation and disability. If you do not have Workman's Compensation/Disability coverage you must submit a waiver from Workman's Compensation Board. Forms can be obtained from WCB office at (800) 877-1373.

**NOTE: ALL LICENSES MUST BE RENEWED THIRTY DAYS PRIOR TO THE EXPIRATION DATE. ONLY CERTIFICATE APPLICANTS MAY RENEW BY MAIL.**

**ALL ORIGINAL AND RENEWAL APPLICANTS MUST PRESENT A NOTARIZED AFFIDAVIT INDICATING WHETHER OR NOT THEY HAVE ANY OTHER EMPLOYMENT (INCLUDING AFFLIATION WITH ANY COMPANY AND /OR GOVERNMENTAL AGENCIES).**

**Additional Instructions are available for Changes/Shelving/Retirement or Surrendering a Master Plumber or Master Fire Suppression Piping Contractor Licenses upon request.**