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INCORPORATED VILLAGE OF LINDENHURST

430 SO. WELLWOOD AVENUE - LINDENHURST, NEW YORK 11757

REQUIREMENTS FOR MASTER PLUMBER'S LICENSE

Please include the following items with the completed application. Return all items to Lindenhurst Village Hall, 430 South Wellwood Avenue, Lindenhurst, NY 11757.

- Liability Insurance made out to the Village of Lindenhurst
- Workman's Compensation Insurance
- Completed Application for Master Plumber's License
- Cash or Check in amount of \$185.00.
- Letter of Good Standing from Plumbing Board where Licensed.
- Certificate of Competency.
- Two (2) recent photos size 1 ½" x 1 ½"
- If self-employed with no employees, a Certificate of Exemption Form #CE-200 (see copy attached) must be submitted with application



INCORPORATED VILLAGE OF LINDENHURST

430 SO. WELLWOOD AVENUE - LINDENHURST, NEW YORK 11757

APPLICATION FOR MASTER PLUMBER'S LICENSE

Applying Under Reciprocal License No. _____

To the Licensing Board
Incorporated Village of Lindenhurst

Pursuant to the provisions of Article II of the Sanitary Code of the Village of Lindenhurst, we hereby apply for a Master Plumber's License:

Name of Business: _____

Date of Registration: _____

Place of Business: _____

Place of Residence: _____

Business Phone: _____

Residence Phone: _____

How long have you been engaged in the occupation of Plumbing? _____

How long have you maintained a plumbing business at the above address? _____

Do you have plumbing licenses with other townships? _____

Where? _____

Age: _____

Date: _____

Signature: _____

Print Name: _____



**Certificate of Attestation of Exemption
From New York State Workers' Compensation
and/or Disability Benefits Insurance Coverage**

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

<p align="center">In the Application of (Legal Entity Name and Address):</p> <p>JOHN SMITH 123 MAIN STREET ALBANY, NY 12207 111-111-1111 Federal ID Number: XXXXX6789</p>	<p align="center">Business Applying For: BUILDING PERMIT</p> <p align="center">From: CITY OF ALBANY, DEPT OF BUILDING AND CODES</p> <p>The location of where work will be performed is 123 ACME AVENUE, ALBANY, NY 12203.</p> <p>Estimated dates necessary to complete work associated with the building permit are from October 14, 2008 to March 31, 2009.</p> <p>The estimated dollar amount of project is \$25,001 - \$50,000</p>
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Workers' Compensation Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:

The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

Disability Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:

The business is owned by one individual or is a partnership (LLC, LLP, PLLP or a RLLP) under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock) or is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

I, JOHN SMITH, am the Sole Proprietor with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE	Signature: _____	Date: _____
Exemption Certificate Number 2008-00197		Received October 2, 2008 NYS Workers' Compensation Board

www.wcb.state.ny.us