

Gloversville Fire Department

Division of Buildings

5 Frontage Rd.
Gloversville, NY 12078

WILLIAM NEALON
FIRE MARSHAL
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DAVID J. FOX
BUILDING INSPECTOR
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APPLICATION FOR MASTER PLUMBING

Name: _____
(Last) (First) (MI)

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Date of Birth: _____

EXPERIENCE:

1. Firm name and address: _____
From: _____ To: _____

2. Firm name and address: _____
From: _____ To: _____

3. Firm name and address: _____
From: _____ To: _____

** Please list any other firms that you have worked for as a plumber or helper on the reverse side of this page. Also, list any educational experiences (courses or schools) that you feel should be considered by the Board toward your qualifications for Master Plumber competency papers.

() Approved

() Disapproved (reasons listed attached letter)

Board Member

President: _____

Secretary: _____

David J. Fox, Building Inspector