

Application for Renewal of
Master Plumber's License

Master Plumber's Certificate Number: _____

Certificate issued to: _____

Company name: _____

Address: _____

Phone Number: _____ Fax: _____

Signature: _____

Title: _____

Date: _____

Insurance Agent Name and Phone Number: _____

Certified by the State of New York as Backflow Tester Yes _____ No _____

(\$100.00 NON-REFUNDABLE FEE)
CHECK OR MONEY ORDER ONLY
PAYABLE TO THE TOWN OF TONAWANDA