

INCORPORATED VILLAGE OF EAST HILLS

MAYOR
MICHAEL R. KOBLENZ

DEPUTY MAYOR
EMANUEL ZUCKERMAN

TRUSTEES
CLARA POMERANTZ
BRIAN J. MEYERSON
STACEY SIEGEL



VILLAGE ATTORNEY
WILLIAM C. BURTON, ESQ.
VILLAGE CLERK-TREASURER
DONNA GOOCH

REQUIREMENTS FOR PLUMBER / ELECTRICIAN LICENSE APPLICATION

***ORIGINAL WORKER'S COMPENSATION CERTIFICATE.** This certificate will **NOT** be accepted on an Accord form. It must be a separate form, either C105 form or State Insurance Fund Certificates only. If you are not required to have a worker's compensation policy by the state then a signed and dated CE-200 form (waiver) will be accepted. Fax copies or emails will NOT be accepted.

***ORIGINAL CERTIFICATE OF GENERAL LIABILITY.** Fax copies or emails will NOT be accepted.

* **ORIGINAL CERTIFICATE OF DISABILITY INSURANCE.** MUST be on the DB-120 form. Proof will not be accepted by submitting an Accord form. Fax copies or emails will NOT be accepted.

The above 3 MUST list Inc. Village of East Hills as certificate holder.

*A photocopy of your VALID plumbers / electricians license from another City, County or Town.

*Plumber's must have a \$500 License Bond and must submit proof to this office.

*A license fee of \$100 is required when handing in application.

NOTE: THE INCORPORATED VILLAGE OF EAST HILLS MUST be the certificate holder and ALL insurance documents MUST have our correct address:

209 HARBOR HILL ROAD EAST HILLS, NY 11576

FAXES OR COPIES WILL NOT BE ACCEPTED

**INCORPORATED VILLAGE OF EAST HILLS
APPLICATION FOR PLUMBER / ELECTRICIAN LICENSE**

ELECTRICIAN _____ PLUMBER _____ **Year** _____ ORIGINAL _____ RENEWAL _____

COMPANY _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER () _____

MASTER PLUMBER / ELECTRICIAN NAME: _____

LICENSE VERIFICATION FROM: _____

**ORIGINAL INSURANCE CERTIFICATES MUST BE SUBMITTED WITH THE APPLICATION. NO
FAXED COPIES – APPLICATION WILL BE RETURNED IF ALL PAPERWORK IS NOT ATTACHED.**

COMPANY _____ EXPIRATION DATE _____

WORKER'S COMP _____

DISABILITY INSURANCE _____

GENERAL LIABILITY _____

\$500 BOND (PLUMBERS ONLY) _____

Sworn to before me this _____ day of _____, _____
Notary Public, Nassau County, N.Y.

Signature of Master Plumber / Electrician _____

OFFICE USE ONLY

DATE RECEIVED _____ DATE PROCESSED _____
RECEIPT NUMBER _____ LICENSE NUMBER _____ SIG _____