

VILLAGE OF EAST HILLS

INCORPORATED JUNE 24, 1931

Mayor
Michael R. Koblenz

Deputy Mayor
Emanuel Zuckerman

Trustees
Clara Pomerantz
Brian Meyerson
Stacey Siegel



Village Attorney
William C. Burton, Esq.

Village Clerk-Treasurer
Donna Gooch

209 Harbor Hill Road
East Hills, NY 11576
(516) 621-5600
(516) 625-8736 fax

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.

***ORIGINAL CERTIFICATE OF GENERAL LIABILITY.**

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

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.

*A license fee is required when handing in application for processing. (Fee is currently **\$100** if paid by December 31, 2022; potential increase may be enacted after January 1, 2023)

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

***** ALL INCOMPLETE APPLICATIONS WILL BE RETURNED
WHICH WILL RESULT IN A DELAY IN PROCESSING TIMES*****

INCORPORATED VILLAGE OF EAST HILLS

APPLICATION FOR PLUMBER / ELECTRICIAN LICENSE

ELECTRICIAN _____ PLUMBER _____ Year _____ ORIGINAL _____ RENEWAL _____

****** PLEASE PRINT CLEARLY******

COMPANY _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER () _____

EMAIL ADDRESS: _____

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 _____

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 _____

NOTES: