License Evaluation Form #1

Applicant's Name: William White | **Date Request Received**: 2/23/05

LN: 13372

Applicant's 18th Birthday: [redacted]78 | **Licenses Applied For**: PI, PH, SP, CO

ALREADY POSSESSED:

CURRENT ACTION

POSSESSES: NJ Master Plumber license – 11/88 – Confirmed by State Bd.

EXPERIENCE CREDIT: Applicant lists and documents, via Plumbing Supply Co., full time self-employment as a plumbing contractor from 12/31/89 to 2/8/05 or **15ys 1m 8ds.**

TESTS: ~~None~~ 5B, 4B, 5C (5/05) 6/2/05

COURSES: PI(I)(Glo)S'04, PI(II)(Glo)F'04, PH(GLO)S'05 6/2/05, SUB(BUR)12/05 3/10/06, CO(BUR)5/06 7/10/06

APPROVED: PH, ~~SP(X)~~, ~~CO~~ 3/10/06 6/2/05 7/10/06

INCOMPLETE: ~~PI~~ ~~PH~~ ~~SP & CO~~ **REASON:** ~~Tests (5B, 4B or N2, M2)~~ ~~PI Course & Test (5C or N3)~~ ~~PH~~

REVIEWED AND RECOMMENDED BY: Lawrence J Nelle LICENSE EXAMINER DATE: 3/3/05

APPROVED BY: [signature] SUPERVISOR OF LICENSING DATE: 3/7/05

PH, SP(P), CO(P) 6/2/05 2/12

DELETE (P) SP 3/10/06 2/12

6/13/05 PH, SP(P), CO(P)

3/10/06 – SP DELETE (P) CO 7/10/06 2/12

7/19/06 - CO

LE.

MDI License Evaluation Form #1

Applicant's Name: William White **Date Request Received**: 6/10/21

LN: 13372

Applicant's 18th Birthday: [redacted]78 **Licenses Applied For**: MDI, HCO (1/9/23)

ALREADY POSSESSED PH SP CO
15y 1m 8d Plumbing Contractor from 12/31/89 to 2/8/05 – See UCC Eval 1
NJ Plumbing Contractor – See File

CURRENT ACTION

EXPERIENCE CREDIT: None

TESTS: MDI(6/22)

COURSES: MDI(RUT)6/22, HCO (RUT) 11/22

APPROVED: MDI HCO

INCOMPLETE: **REASON**:

REVIEWED AND RECOMMENDED BY: _____ DATE: _____
LICENSE EXAMINER

C.N. 01/04/23 (HCO)

APPROVED BY: _____ DATE: _____
SUPERVISOR OF LICENSING

LE.

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO Box 802
TRENTON, NJ 08625-0802

PHILIP D. MURPHY
Governor

LT. GOVERNOR SHEILA Y. OLIVER
Commissioner

NOTICE OF LICENSURE AWARD

William C. White

January 13, 2023

Dear Mr. White:

This notice shall serve as proof of your licensure to enforce the New Jersey State Hotel and Multiple Dwelling Law at the following level(s).

License(s) Awarded

Housing Code Official

License Number: ***009358***

Effective Dates of Licensure: 01/13/2023 to 07/31/2023

If there is any discrepancy between the information on this notice and the license(s) for which you applied, please call 609-984-7834 at once.

Congratulations and best wishes!

Sincerely,

John A. Delesandro
Supervisor of Licensing & Education

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO BOX 802
TRENTON, NJ 08625-0802

PHILIP D. MURPHY
Governor

LT. GOVERNOR SHEILA Y. OLIVER
Commissioner

NOTICE OF LICENSURE AWARD

William C. White
[redacted]

August 12, 2022

Dear Mr. White:

This notice shall serve as proof of your licensure to enforce the New Jersey State Hotel and Multiple Dwelling Law at the following level(s).

License(s) Awarded

Inspector of Hotels & Multiple Dwellings

License Number: *009358*

Effective Dates of Licensure: 08/12/2022 to 07/31/2023

If there is any discrepancy between the information on this notice and the license(s) for which you applied, please call 609-984-7834 at once.

Congratulations and best wishes!

Sincerely,

John A. Delesandro
Supervisor of Licensing & Education

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO Box 802
TRENTON, NJ 08625-0802

PHILIP D. MURPHY
Governor

LT. GOVERNOR SHEILA Y. OLIVER
Commissioner

Letter of Acknowledgement

June 15, 2021

Dear Mr. White:

We acknowledge receipt of your application or update documents relative to the following licenses.

Inspector of Hotels and Multiple Dwellings

We are delaying your license request for the following reasons:

Lack of satisfactory completion of test requirements – NCPCCI Exams MDI - Send Results or

Lack of satisfactory completion of approved courses – MDI - **Send Original Certificate(s)** – If you would like your certificates returned please include a self-addressed, stamped envelope with your submissions

If your application is not complete within eighteen (18) months from 6/15/21, the application shall be deemed abandoned. No further action shall be taken on it by the Department, and a new application and fee shall be required if you desire to reapply [N.J.A.C. 5:23-5.5(b)3].

Please return the information requested (if applicable) as soon as possible to the address at the top of Page 1. ***If you have any questions regarding any of the above, or any of the above is inaccurate, please call (609) 984-7834***.

Please visit our website at http://www.nj.gov/dca/divisions/codes/offices/licensing_cont_ed.html for information related to licensing issues.

Sincerely,

Patrick Ryan
License Examiner 1

Note: Your Log number is **13372** Please refer to it whenever you have any questions concerning your application.

Department of Community Affairs
Division of Codes and Standards
Office of Inspector Licensing
P.O. Box 802
Trenton, NJ 08625-0802

Form MDL-1
For Office Use ONLY
Date Rec'd: 1/3/23
Check #: 1639
Amount: $65 oc
LOG #: LN 13372

License Application

NAME: White (Last) William C (First, MI) DATE OF BIRTH: [redacted]/1960 (Month/Day/Year)

Social Security Number: 146-__-____

Home Address _____ (Street)

_____ (City) _____ (County) _____ (State) _____ (Zip Code)

TELEPHONE _____ E-MAIL _____com

Business Address _____

RECEIVED
JAN 03 2023
LICENSING & EDUC...

TELEPHONE _____ FAX _____

LICENSE(S) APPLIED FOR

INSPECTOR OF HOTELS & MULTIPLE DWELLINGS, TRAINEE [ ]

INSPECTOR OF HOTELS & MULTIPLE DWELLINGS [ ]

HOUSING CODE OFFICIAL

[X]

(OVER)

1. Have you ever been convicted of a crime of the third degree or above under the laws of the State of New Jersey, or under the laws of another state or of the United States, which if committed in this State would be such an offense or crime?

   [X] NO.

   [ ] YES. If yes, please describe the circumstances in detail on a separate page. Be sure to include the exact charge, the date of the crime and any information relating to rehabilitation.

2. Have you, within the past 10 years, been convicted or fined or imprisoned, or placed on probation, or has any case been filed, or have you been ordered to deposit collateral for an alleged violation of any law or police regulation or ordinance, other than for traffic violations?

   [X] NO.

   [ ] YES. If yes, please describe the circumstances in detail on a separate page. Be sure to include the exact charge, the date of the crime and any information relating to rehabilitation.

3. Have you ever been discharged, or forced to resign, for misconduct or unsatisfactory service from any position, or have you had any license, other than a driver's license, revoked or suspended?

   [X] NO.

   [ ] YES. If yes, please describe circumstances on a separate attached page.

RECEIVED
JAN 03 2023
LICENSING & EDUCA...

To the best of my knowledge the information contained in this application is complete and accurate. I am aware that if an investigation discloses willful misrepresentations, my application will be rejected. I also hereby authorize the release of any criminal history record information to the NJ Department of Community Affairs, Division of Codes and Standards, Licensing Unit for the sole purpose of determining my eligibility for licensure.

****PURSUANT TO THE PRIVACY ACT OF 1974 (P.L. 93-579), I REALIZE THAT DISCLOSURE OF MY SOCIAL SECURITY NUMBER IS **VOLUNTARY.** I ALSO REALIZE MY SOCIAL SECURITY NUMBER WILL BE USED BY THE NJ DEPARTMENT OF COMMUNITY AFFAIRS FOR THE PURPOSE OF FACILITATING THE SECURITY CHECK AUTHORIZED BY N.J.A.C. 5:23-5.5 & 5.25. ANY INFORMATION RELEASED AS A RESULT OF THIS AUTHORIZATION, INCLUDING THE FURNISHING OF MY SOCIAL SECURITY NUMBER, SHALL BE USED ONLY FOR THE EXPRESS PURPOSE OF PROCESSING THE ABOVE INDICATED APPLICATION.****

Please note your personal information may be distributed, unless you object, to entities' that have a valid need for this information, such as Local Municipalities and 3rd party Inspection firms that are in need of inspectors, as well other official entities that have a valid need to know this information, including Educational Facilities in need of approved instructors.

If you would prefer to keep your personal information confidential please check this box [ ]

DATE 12/29/2022 Signature of Applicant William C White

Notary's Signature Susan Ann White

DATE 12/29/2022

OFFICIAL SEAL
SUSAN ANN WHITE
NOTARY PUBLIC - NJ-ALVERSEY
My Comm. Expires June 17, 2023

Notary Seal:

ALL STATEMENTS ARE SUBJECT TO INVESTIGATION AND VERIFICATION. FALSIFICATION OR MISSTATEMENT OF ANY MATERIAL FACT WILL BE CAUSE FOR REJECTION. FAILURE OF THE APPLICANT TO FURNISH ALL INFORMATION AND RECORDS REQUESTED MAY RESULT IN REJECTION OF THE APPLICATION.

MDL-1- revised 4/15

Department of Community Affairs
Division of Codes and Standards
Office of Inspector Licensing
P.O. Box 802
Trenton, NJ 08625-0802

Form MDL-1
For Office Use ONLY
Date Rec'd: 6/10/21
Check #: 1577
Amount: $65.00
LOG #: LN 13379

License Application

NAME: White William C DATE OF BIRTH: [redacted]/1960
Last First MI Month/Day/Year

Social Security Number: [redacted] ****

Home Address [redacted]
street

[redacted] City [redacted] County [redacted]nd NJ State [redacted] Zip Code

TELEPHONE [redacted] E-MAIL [redacted]il.com

Business Address [redacted]

TELEPHONE [redacted] FAX [redacted]

LICENSE(S) APPLIED FOR

INSPECTOR OF HOTELS & MULTIPLE DWELLINGS, TRAINEE [ ]

INSPECTOR OF HOTELS & MULTIPLE DWELLINGS [X]

HOUSING CODE OFFICIAL

[ ]

RECEIVED
JUN 10 2021
LICENSING & EDUCATION

(OVER)

1. Have you ever been convicted of a crime of the third degree or above under the laws of the State of New Jersey, or under the laws of another state or of the United States, which if committed in this State would be such an offense or crime?

   [X] NO.

   [ ] YES. If yes, please describe the circumstances in detail on a separate page. Be sure to include the exact charge, the date of the crime and any information relating to rehabilitation.

2. Have you, within the past 10 years, been convicted or fined or imprisoned, or placed on probation, or has any case been filed, or have you been ordered to deposit collateral for an alleged violation of any law or police regulation or ordinance, other than for traffic violations?

   [X] NO.

   [ ] YES. If yes, please describe the circumstances in detail on a separate page. Be sure to include the exact charge, the date of the crime and any information relating to rehabilitation.

3. Have you ever been discharged, or forced to resign, for misconduct or unsatisfactory service from any position, or have you had any license, other than a driver's license, revoked or suspended?

   [X] NO.

   [ ] YES. If yes, please describe circumstances on a separate attached page.

To the best of my knowledge the information contained in this application is complete and accurate. I am aware that if an investigation discloses willful misrepresentations, my application will be rejected. I also hereby authorize the release of any criminal history record information to the NJ Department of Community Affairs, Division of Codes and Standards, Licensing Unit for the sole purpose of determining my eligibility for licensure.

****PURSUANT TO THE PRIVACY ACT OF 1974 (P.L. 93-579), I REALIZE THAT DISCLOSURE OF MY SOCIAL SECURITY NUMBER IS **VOLUNTARY.** I ALSO REALIZE MY SOCIAL SECURITY NUMBER WILL BE USED BY THE NJ DEPARTMENT OF COMMUNITY AFFAIRS FOR THE PURPOSE OF FACILITATING THE SECURITY CHECK AUTHORIZED BY N.J.A.C. 5:23-5.5 & 5.25. ANY INFORMATION RELEASED AS A RESULT OF THIS AUTHORIZATION, INCLUDING THE FURNISHING OF MY SOCIAL SECURITY NUMBER, SHALL BE USED ONLY FOR THE EXPRESS PURPOSE OF PROCESSING THE ABOVE INDICATED APPLICATION.****

Please note your personal information may be distributed, unless you object, to entities' that have a valid need for this information, such as Local Municipalities and 3rd party Inspection firms that are in need of inspectors, as well other official entities that have a valid need to know this information, including Educational Facilities in need of approved instructors.

If you would prefer to keep your personal information confidential please check this box [ ]

DATE 5/22/21 Signature of Applicant William C White

Notary's Signature Pamela C Foster

DATE 05/22/21

PAMELA C. FOSTER
NOTARY PUBLIC OF NJ
Comm Exp Feb 9, 2022

Notary Seal:

ALL STATEMENTS ARE SUBJECT TO INVESTIGATION AND VERIFICATION. FALSIFICATION OR MISSTATEMENT OF ANY MATERIAL FACT WILL BE CAUSE FOR REJECTION. FAILURE OF THE APPLICANT TO FURNISH ALL INFORMATION AND RECORDS REQUESTED MAY RESULT IN REJECTION OF THE APPLICATION.

MDL-1- revised 4/15

MDI FORM A

Experience as a Tradesman, Inspector or Self-Employed Contractor

If you are documenting contractor experience that requires a license, please complete PART 2.

PART 2

Type of contractor license: Master Plumber — State/Municipality: New Jersey
License Number: 36BI00843300 — Date Issued: 11/01/1988
Type of contractor license: HVACR — State/Municipality: New Jersey
License Number: 19HC00346200 — Date Issued: 03/26/2015

PART 3 CLAIM OF EXPERIENCE

Position: owner / Master Plumber
Employer: B's Plumbing Inc
Address: 17 River Road
CITY: Bridgeton **STATE:** NJ **ZIP CODE:** 08302

Dates of Employment
FROM: 12/01/1988 **TO:** present
FULL TIME: 40 **HOURS PER WEEK**
PART TIME: _____ **HOURS PER WEEK**

SUPERVISOR (if not self-employed):

_____

DESCRIBE ALL RELEVANT DUTIES IN DETAIL (If 100% of your responsibilities were/are *NOT* related to licensure, indicate the percentage of time that was/is, and obtain certification thereof).

Plan, layout, design, oversee, supervise. all aspects of plumbing in new construction, remodels, sewage work, running water and sewer laterals from taps in the street to inside the homes. Hired and instructed students of the plumbing trade, to master the skills and go on to become Master Plumbers themselves. I am a NJ Continuing Education Instructor for the State regarding renewal of both plumbing and HVACR licenses.

RECEIVED
JUN 10 2021
LICENSING & EDUCATION

FORM F

Section 1- Persons possessing a current and valid Uniform Construction Code license issued by the Department of Community Affairs should complete this section.

UCC License Number: 009358

License(s) Held:

Construction Official

Plumbing Subcode Official

Plumbing HHS

Section 2- Persons holding civil service status, or appointed municipal position, in a title substantially equivalent to Inspector of Hotels and Multiple Dwellings and/or to Housing Code Official should complete this section.

Title: _____

Municipality: _____

Dates of Service in Title: _____ **to** _____

FULL TIME [ ] **PART TIME [ ] Hours/Week** _____

Permanent [ ] **Provisional [ ]**

***Please provide a copy of either the resolution appointing you to the above title, or civil service notice of personnel action appointing you to your title.**

Section 3- Persons possessing a Sanitary Inspector or Health Officer license issued by the Department of Health and Senior Services should complete this section.

Dept. of Health License Number: _____

License(s) Held: _____

_____

Section 4- Persons who have completed an educational program prior to 1/1/2002 that is substantially equivalent to either the educational program for Inspector of Hotels and Multiple Dwellings and/or for Housing Code Official must complete the following section in order to receive a possible exemption from the required licensure courses. Note that a copy of the course syllabus or outline from the offering institution must be included in your application. Also note that any course more than 5 years old is invalid.

Name of Course: _____

Date Completed: _____

Institution: _____

RECEIVED
JUN 10 2021
LICENSING & EDUCATION

RUTGERS
THE STATE UNIVERSITY
OF NEW JERSEY

Center for Government Services

William C. White

Office Copy

In recognition for the completion of

Housing Code Official

60-Hour Pre-Licensing Course

Richard Novak
VP for Continuing Studies and Distance Education

Alan Zalkind
Director, Center for Government Services

November 2022

From: Results@provexam.com
Sent: Wednesday, June 29, 2022 [illegible]
To: [illegible]
Subject: Score Letter, White

Examination Score Report

ProV

Name:	William C White
Candidate ID:	1543949
Exam:	NJ Hotel and Multiple Dwelling Inspector
Exam Date:	06/29/2022
Result:	**Pass**

Congratulations! You passed the NJ Hotel and Multiple Dwelling Inspector Exam for the National Certification Program for Construction Code Inspectors (NCPCCI). A score of 70 or higher was required for passing. **Please note the numerical total score and diagnostic code information aren't reported to passing candidates to avoid the potential misuse of scores in the workplace.** In order to obtain your license or certificate, please contact the appropriate code organization listed in the front of the NCPCCI Candidate Information Bulletin. They will provide you with the information and/or application you need to apply for your certificate or license. If you have any questions or need a copy of the Bulletin, please visit our website at www.provexam.com or call (866) 720-7768.

Office Copy
RECEIVED
JUL 19 2022
LICENSING & EDUCATION

RUTGERS
THE STATE UNIVERSITY
OF NEW JERSEY

Center for Government Services

William C. White

In recognition for the completion of

Inspector of Hotel and Multiple Dwelling

60-Hour Pre-Licensing Course

Richard Novak
VP for Continuing Studies and Distance Education

Alan Zalkind
Director, Center for Government Services

June 2022

Vörös Plumbing, Heating & Supply

Plumbing License: NJ Lic. # 8971 DE Lic. # 905

February 8, 2005

Mr. John A. Delesandro, Supervisor
Of Licensing
Bureau of Code Services
New Jersey Department of Community Affairs
P.O. Box 816
Trenton, New Jersey 08625-0816

Dear Mr. Delesandro:

Please be advised that I am presently the owner of the Plumbing Supply Business known as Voros Plumbing , Heating & Supply. I have been in business at the same location since 1972.

I have sold plumbing material to Mr. William White, t/a B's Plumbing since 1989. I have personal knowledge that Mr. White engages in the trade of plumbing in the field on a full time basis.

Sincerely,

Joan P. Voros, President

RECEIVED

LICENSING

Sworn to and subscribed before me this
8th day of February, 2005

Angela S. Voros

Angela S. Voros
Notary Public of New Jersey
Commission Expires 8/14/2007

US Route 40, P.O. Box 789
Elmer, N J 08318-0789

856.358.8605
fax 0323

BRIDGETON PLUMBING & HEATING SUPPLY CO.

8 W.BROAD ST., PO BOX 397
BRIDGETON, NJ 08302
(856)451-3131 FSX(856)451-2461

February 9, 2005

Mr. John A. Delesandro. Supervisor
of Licensing
Bureau of Code Services
New Jersey Department of Community Affairs
P.O. Box 816
Trenton. New Jersey. 08625-0816

Dear Mr. Delesandro:

I have personally known and done business with Mr. William White here at Bridgeton Plumbing Supply for the last fifteen years. Mr. White has been doing business here at our supply house since he started his business in 1989. I can therefore personally certify that Mr. White has actively and continuously been in business as a full time self-employed plumbing contractor for the last fifteen years.

Should you need any further information, I would be more than happy to supply it to you.

Sincerely,

Bryan A. Wallace

RECEIVED

WILLIAM J. DARR
Notary Public of New Jersey
My Commission Expires July 31, 2007

LICENSING

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
Division of Codes and Standards
Bureau of Code Services
Licensing Unit
101 South Broad Street
PO BOX 816
Trenton, NJ 08625

JON S. CORZINE
Governor

SUSAN BASS LEVIN
Commissioner

NOTICE OF LICENSURE AWARD

William C. White
d
[illegible]302

July 25, 2006

Dear Mr. White:

This is to inform you that you have been determined qualified under authority of the New Jersey State Uniform Construction Code Act, to be licensed as follows:

License(s) Awarded

Construction Official

License Number: **009358**
Effective Dates of Licensure: **07/25/2006 through 07/31/2008**

If there is any discrepancy between the information on this notice and the license(s) for which you applied, please call 609-984-7834 at once.

Congratulations and best wishes!

Sincerely,

John A. Delesandro
Supervisor of Licensing

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO BOX 816
TRENTON, NJ 08625-0816

JON S. CORZINE
GOVERNOR

SUSAN BASS LEVIN
COMMISSIONER

NOTICE OF LICENSURE AWARD

March 13, 2006

William C. White

Dear Mr. White:

This is to inform you that you have been determined qualified under authority of the New Jersey State Uniform Construction Code Act, to be licensed as follows:

License(s) Awarded

Subcode Official - Plumbing

License Number: 009358
Effective Dates of Licensure: **03/13/2006 through 07/31/2008**

If there is any discrepancy between the information on this notice and the license(s) for which you applied, please call 609-984-7834 at once.

Congratulations and best wishes!

Sincerely,

John A. Delesandro
Supervisor of Licensing

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
Division of Codes and Standards
Bureau of Code Services
Licensing Unit
P.O. Box 816
Trenton, NJ 08625

RICHARD J. CODEY
Acting Governor

SUSAN BASS LEVIN
Commissioner

NOTICE OF LICENSURE AWARD

William C. White

June 13, 2005

Dear Mr. White:

This is to inform you that you have been determined qualified under authority of the New Jersey State Uniform Construction Code Act, to be licensed as follows:

License(s) Awarded

Plumbing Inspector – HHS

License Number: 009358
Effective Dates of Licensure: 06/13/2005 through 07/31/2008

If there is any discrepancy between the information on this notice and the license(s) for which you applied, please call 609-984-7834 at once.

Congratulations and best wishes!

Sincerely,

John A. Delesandro
Supervisor of Licensing

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
Division of Codes and Standards
Bureau of Code Services
Licensing Unit
P.O. Box 816
Trenton, NJ 08625

RICHARD J. CODEY
Acting Governor

SUSAN BASS LEVIN
Commissioner

NOTICE OF LICENSURE AWARD

William C. White
1 -2

June 13, 2005

Dear Mr. White:

This is to inform you that you have been determined qualified under authority of the New Jersey State Uniform Construction Code Act, to be licensed as follows:

License(s) Awarded

Construction Official
(Provisional)
Subcode Official - Plumbing
(Provisional)

License Number: **009358**
Effective Dates of Licensure: **06/13/2005 through 06/12/2007**

To remove a "Provisional" status of a Subcode and/or Construction Official license, you must submit an original "Certificate of Completion" for the respective course required, within twenty-four months. Also, your corresponding technical license must remain in effect for at least that same period of time. Original "Certificates of Completion" will be returned upon request, and on condition that a self-addressed stamped envelope is also enclosed.

If there is any discrepancy between the information on this notice and the license(s) for which you applied, please call 609-984-7834 at once.

Congratulations and best wishes!

Sincerely,

John A. Delesandro
Supervisor of Licensing

State of New Jersey

DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO BOX 816
TRENTON NJ 08625-0816

RICHARD J. CODEY
Acting Governor

SUSAN BASS LEVIN
Commissioner

Letter of Acknowledgement

Date: Mar. 3, 2005

Dear William White:

We acknowledge receipt of your application or update documents relative to the following licenses.

Plumbing Inspector ICS, HHS
Plumbing Subcode Official
Construction Official

We are delaying processing your application for the following reason(s):

Lack of satisfactory completion of approved courses - HHS - **Send Original Certificate(s)** – If you would like your certificates returned please include a self addressed, stamped envelope with your submissions.

Lack of satisfactory completion of test requirements – 5B, 4B(Experior) or N2, M2(ICC)(ICS), 3C(Experior) or N8(ICC)(HHS) - Send Results

If your application is not complete within eighteen (18) months from 3/3/05, the application shall be deemed abandoned. No further action shall be taken on it by the Department, and a new application and fee shall be required if you desire to reapply [N.J.A.C. 5:23-5.5(b)3].

Comments: You have been credited with 15 years, 1 month and 8 days full time self-employment as a plumbing contractor from 12/31/89 to 2/8/05.

Please return the information requested (if applicable) as soon as possible to the address at the top of Page 1. ***If you have any questions regarding any of the above, please call (609) 984-7834***.

Sincerely,

Lawrence J. Wells

Lawrence J. Wells
PDS II

Note: Your Log number is **13372.** Please refer to it whenever you have any questions concerning your application.

Department of Community Affairs
Division of Codes and Standards
Bureau of Code Services
Licensing Unit
P.O. Box 816
Trenton, NJ 08625-0816

Form TL-4

For Office Use ONLY

Date Rec'd: 02/23/05
Check #: 870
Amount: 65.00
LOG #: 13372

License Application

NAME: White (Last) William (First) C. (MI) DATE OF BIRTH: [redacted]/1960 (Month/Day/Year)

Home Address [redacted] (Street)

[redacted] (City) (County) (State) (Zip Code)

TELEPHONE [redacted] E-MAIL [redacted] net

Business Address [redacted]

[redacted]

TELEPHONE [redacted] FAX [redacted]

LICENSE(S) APPLIED FOR

SUSAN ANN WHITE
Notary Public of New Jersey
My Commission Expires June 12 2009

BUILDING INSPECTOR	*ELECTRICAL INSPECTOR*	*FIRE PROTECTION INSPECTOR*	*PLUMBING INSPECTOR*	*ELEVATOR INSPECTOR*	*MECHANICAL INSPECTOR*
HHS [ ]	HHS [ ]	HHS [ ]	HHS [X]	HHS [ ]	*1&2 FAMILY*
ICS [ ]	ICS [ ]	ICS [ ]	ICS [X]		[ ]
RCS [ ]					

INPLANT INSPECTOR [ ]

SUBCODE OFFICIAL

[ ] BUILDING [ ] ELECTRICAL [ ] FIRE PROTECTION [X] PLUMBING [ ] ELEVATOR

CONSTRUCTION OFFICIAL

[X]

Submit this page completed on both sides, accompanied by all attached completed (as applicable) forms, and a check or money order made payable to the Treasurer, State Of New Jersey. Please refer to the most current issue of the *Licensing Information Booklet* for the correct non-refundable fee.

RECEIVED
FEB 23 2005
LICENSING

(OVER)

FORM A

Experience as a Journeyman, Contractor or Inspector

Individuals documenting experience as an inspector must complete Part 1 and Part 3
Individuals documenting experience as a journeyman must complete Part 1 and Part 3
Individuals documenting experience as a contractor should complete Part 2 and Part 3

PART 1
Date of completion of apprenticeship, or its equivalent _____
(Please submit documentation of said completion)

11/88

PART 2
Type of contractor license Master Plumber — State/Municipality New Jersey — Confirmed by
License Number BIO 8443 — Date Issued 7/1/1989 — State Bd.
Type of contractor license Master Plumber — State/Municipality Delaware — (Christine) 2/12
License Number 793 — Date Issued 3/26/1990

PART 3 CLAIM OF EXPERIENCE

Position: Owner
Employer: B's Plumbing Inc.
Address: 17 River Road
CITY: Bridgeton STATE: NJ ZIP CODE: 08302

Dates of Employment
FROM: 10/89 TO: present
FULL TIME: 50 HOURS PER WEEK
PART TIME: _____ HOURS PER WEEK

SUPERVISOR (if not self-employed): _____

DESCRIBE ALL RELEVANT DUTIES IN DETAIL (If 100% of your responsibilities were/are *NOT* related to the subcode area of licensure sought, and/or building construction or alterations, indicate the percentage of time that was/is, and obtain certification thereof).

All phases of plumbing including running sewer and water to both private systems and hooking up to city service. Underground and slab work. Rough plumbing and Final plumbing work, new construction
All plumbing repairs including appliance installations and gas pipe runs and installations

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FEB 2 [illegible]
LICENSING

Examination Score Report

This report certifies that WILLIAM C WHITE,
ID No. 890-07-7336, has taken an examination
through Experior® Assessments, LLC
and the results are detailed below.

WILLIAM C WHITE

B [illegible] 3302

Examination:	5B Plumbing General
Examination Series:	6672
Examination Date:	05/10/2005
Grade:	Pass

Congratulations! You passed the 5B Plumbing General examination for the National Certification Program for Construction Code Inspectors (NCPCCI). A score of 70 percent or higher is required for passing. **Please Note: Numerical total score and diagnostic code information are not reported to passing candidates to avoid the potential misuse of scores in the workplace.**

In order to obtain your license or certificate, please contact the appropriate code organization listed in the front of the NCPCCI Candidate Information Bulletin. They will provide you with the information and/or application you need to apply for your certificate or license.

If you have any questions or need a copy of the Registration Form or Bulletin, please visit our Web site at www.experioronline.com, call 800.864.5309, or write to:

Experior Assessments
ATTN: NCPCCI Registration
1260 Energy Lane
St. Paul, MN 55108

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experior

Examination Score Report

This report certifies that WILLIAM C WHITE,
ID No. 890-07-7336, has taken an examination
through Experior® Assessments, LLC
and the results are detailed below.

WILLIAM C WHITE
D
E 2

Examination:	4B Mechanical General
Examination Series:	6660
Examination Date:	05/17/2005
Grade:	Pass

Congratulations! You passed the 4B Mechanical General examination for the National Certification Program for Construction Code Inspectors (NCPCCI). A score of 70 percent or higher is required for passing. **Please Note: Numerical total score and diagnostic code information are not reported to passing candidates to avoid the potential misuse of scores in the workplace.**

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Experior Assessments
ATTN: NCPCCI Registration
1260 Energy Lane
St. Paul, MN 55108

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experior

Examination Score Report

This report certifies that WILLIAM C WHITE,
ID No. 890-07-7336, has taken an examination
through Experior® Assessments, LLC
and the results are detailed below.

WILLIAM C WHITE
[redacted]302

Examination:	5C Plumb Plan Review
Examination Series:	6676
Examination Date:	05/24/2005
Grade:	Pass

Congratulations! You passed the 5C Plumb Plan Review examination for the National Certification Program for Construction Code Inspectors (NCPCCI). A score of 70 percent or higher is required for passing. **Please Note: Numerical total score and diagnostic code information are not reported to passing candidates to avoid the potential misuse of scores in the workplace.**

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If you have any questions or need a copy of the Registration Form or Bulletin, please visit our Web site at www.experioronline.com, call 800.864.5309, or write to:

Experior Assessments
ATTN: NCPCCI Registration
1260 Energy Lane
St. Paul, MN 55108

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Burlington County College

Certificate of Achievement

William White

hereby granted recognition for completion of 45 hours of study in

Subcode Official

Course CEH 901 September 26, 2005 – December 19, 2005

Associate Dean
Continuing Education

Instructor
Carl Stech

OFFICE COPY

License № 8443

State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF PROFESSIONAL BOARDS

State Board of Examiners of Master Plumbers

WILLIAM C. WHITE

having submitted satisfactory evidence of his qualifications in plumbing fundamentals, technical subjects, mathematics, and basic sciences, is hereby issued this Certificate of License as a

Master Plumber

as provided by Law.

Issued and attested by the Seal of the State Board of Examiners of Master Plumbers

this 1st day of JULY 19 89.

CHAIRMAN

EXECUTIVE SECRETARY

LICENSING RECEIVED

This Certificate of Registration as a Master Plumber shall remain in effect from date of issuance until June 30 next.

Burlington County College

Certificate of Achievement

William White

hereby granted recognition for completion of 45 hours of study in

Construction Official

Course CEH 902

January 23, 2006 – May 1, 2006

Associate Dean Liberal Arts

Instructor
Carl Stech

GLOUCESTER COUNTY COLLEGE

GRADE REPORT
STUDENT NAME

MR WILLIAM C WHITE

MAJOR
Undecided

Fall 2004

COURSE NUMBER	COURSE TITLE	GRADE	CREDITS	QUALITY POINTS	INSTRUCTOR
UCC-148-E1	Plumbing Inspector, ICS II	A	4.00	16.00	Hoffman J.

	TRANSFER CREDITS	G.P.A.	EARNED CREDITS	ATTEMPTED CREDITS	QUALITY POINTS
PREVIOUS TOTALS	0.00	4.00	4.00	4.00	16.00
SEMESTER TOTALS		4.00	4.00	4.00	16.00
CUM. TOTALS TO DATE	0.00	4.00	8.00	8.00	32.00

GRADE					
	A 4.0	B+ 3.7	D+ 1.3	I -Incomplete	R -Audit
	A- 3.7	C+ 2.3	D 1.0	P -Pass	NA -Never

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HOME ADDRESS

MR WILLIAM C WHITE

GLOUCESTER COUNTY COLLEGE

GRADE REPORT
STUDENT NAME

MR WILLIAM C WHITE
008-76-2928

MAJOR
Undecided

Spring 2005 President's List

COURSE NUMBER	COURSE TITLE	GRADE	CREDITS	QUALITY POINTS	INSTRUCTOR
UCC-145-E1	Plumbing Inspector HHS	A	4.00	16.00	Hoffman J.

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JUN - 1 2005
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	TRANSFER CREDITS	G.P.A.	EARNED CREDITS	ATTEMPTED CREDITS	QUALITY POINTS
PREVIOUS TOTALS	0.00	4.00	8.00	8.00	32.00
SEMESTER TOTALS		4.00	4.00	4.00	16.00
CUM. TOTALS TO DATE	0.00	4.00	12.00	12.00	48.00
GRADE	A 4.0	B- 2.7	D+ 1.3	I -Incomplete	R -Audit

HOME ADDRESS

MR WILLIAM C WHITE

GLOUCESTER COUNTY COLLEGE

GRADE REPORT
STUDENT NAME

MR WILLIAM C WHITE

MAJOR
Undecided

Spring 2004

COURSE NUMBER	COURSE TITLE	GRADE	CREDITS	QUALITY POINTS	INSTRUCTOR
UCC-147-E1	Plumbing Ispector; ICS1	A	4.00	16.00	Hoffman J.

	TRANSFER CREDITS	G.P.A.	EARNED CREDITS	ATTEMPTED CREDITS	QUALITY POINTS
PREVIOUS TOTALS	0.00	0.00	0.00	0.00	0.00
SEMESTER TOTALS		4.00	4.00	4.00	16.00
CUM. TOTALS TO DATE	0.00	4.00	4.00	4.00	16.00

A 4.0 B 2.7 D+ 1.3 I -Incomplete R -Audit
NA -Never

HOME ADDRESS

RECEIVED

MR WILLIAM C WHITE

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