



# Master Plumbers Council

of the City of New York, Inc.

*Aka*

Licensed Plumbing Association of New York City, Inc.

240-19 Braddock Avenue, Bellerose, NY 11426

Phone: (718) 400-8444 • Fax: (516) 677-5374 Website: [www.nycmpc.org](http://www.nycmpc.org)

## **DOT Interior Building Gas Piping Safety Inspection & Connections Course for Operator**

### **Qualification 86/87 + 87A(10 Hour) Reservation Form**

*Friday, June 19, 2026 or next available class (subject to availability)*

**7:00am-5:00pm**

Master Plumbers Council

Robert John Daly Memorial Training Center

240-19 Braddock Avenue, Bellerose, NY 11426

#### **Sponsoring Licensed Master Plumber's Information:**

Company: \_\_\_\_\_

Licensed Master Plumber's Name: \_\_\_\_\_

NYC LMP# \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

***LMP Signature:*** \_\_\_\_\_

#### **Attendee's Information:**

Company: \_\_\_\_\_

Attendee's ITS Number\*: \_\_\_\_\_

Attendee's Name: \_\_\_\_\_

Attendee's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

***Attendee Signature:*** \_\_\_\_\_

***\*TO VIEW YOUR ITS NUMBER, LOGIN TO YOUR ONBOARD ACCOUNT AND CLICK VIEW PROFILE IN THE TOP RIGHT - THE 6 DIGIT NUMBER TO THE RIGHT OF YOUR PHOTO IS YOUR ITS NUMBER.***

**Please email your completed reservation form, along with the signed affidavit and Terms and Conditions, to [oqregistration@nycmpc.org](mailto:oqregistration@nycmpc.org).**

*Please be advised that reservations for this class are on a first come, first serve basis. Space that was available when you printed this registration form may be filled by the time you send it in.*