APPLICATION FOR 
PLUMBING LICENSE 

APPLICATION # ____________________________

(Please complete all information below and print clearly)

CHOOSE TYPE OF LICENSE

☐ MASTER PLUMBER  ☐ JOURNEYMAN PLUMBER  ☐ APPRENTICE PLUMBER

NAME OF APPLICANT:

ADDRESS:

CITY: ________________________________ STATE: ______________ ZIP: ____________

PHONE #: __________________________ FAX #: __________________________ CELL #: ______________

PREVIOUS LICENSE (IF ANY) #: __________________________

E-MAIL ADDRESS:

NAME OF COMPANY OR EMPLOYER (IF ANY):

ADDRESS:

CITY: ________________________________ STATE: ______________ ZIP: ____________

PHONE #: __________________________ FAX #: __________________________ BUSINESS PRIVILEGE LICENSE #: __________________________

ATTENTION APPLICANTS FOR MASTER PLUMBER LICENSE

YOU OR YOUR EMPLOYER ARE REQUIRED TO HAVE A BUSINESS PRIVILEGE LICENSE TO CONDUCT BUSINESS IN PHILADELPHIA

DO YOU HAVE A BUSINESS PRIVILEGE LICENSE? ☐ YES ☐ NO

WORK EXPERIENCE

NUMBER OF YEARS AS AN APPRENTICE PLUMBER __________________ NUMBER OF YEARS AS A JOURNEYMAN PLUMBER __________________

LIST BELOW YOUR MOST RECENT PLUMBING EXPERIENCE (CONTRACTORS, DATES AND DESCRIPTION OF WORK)

CONTRACTOR: ________________________________

BUSINESS ADDRESS: ________________________________

MASTER PLUMBER: ________________________________

PHONE #: __________________________

DATEs:

FROM: _____ MO. _____ YR.

TO: _____ MO. _____ YR.

CONTRACTOR: ________________________________

BUSINESS ADDRESS: ________________________________

MASTER PLUMBER: ________________________________

PHONE #: __________________________

DATEs:

FROM: _____ MO. _____ YR.

TO: _____ MO. _____ YR.

STATE ADDITIONAL PLUMBING EDUCATION AND EXPERIENCE (USE ADDITIONAL SHEETS IF NECESSARY):


THIS APPLICATION MUST BE ACCOMPANIED BY PAYMENT OF APPLICATION FEE, ORIGINAL EXAMINATION RESULTS (EXCEPT APPRENTICE), AFFIDAVIT LETTERS FROM MASTER PLUMBERS LISTED ABOVE CONFIRMING EMPLOYMENT AND ABILITY, AND A COPY OF THE APPLICANT’S DRIVER’S LICENSE.

APPLICANTS FOR MASTER PLUMBER ALSO REQUIRE PROOF OF REQUIRED INSURANCE.

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to such penalties as may be prescribed by law or ordinance.

APPLICANT’S SIGNATURE: ____________________________ DATE: _____ / _____ / _____

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