

**APPLICATION FOR
PLUMBING LICENSE**



CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS
MUNICIPAL SERVICES BUILDING – CONCOURSE
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PHILADELPHIA, PA 19102
For more information visit us at www.phila.gov

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 NUMBER _____ 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:		MASTER PLUMBER:	
BUSINESS ADDRESS:		PHONE #:	
DESCRIBE WORK:	DATES:		
	FROM: ____ MO. ____ YR.		
			TO: ____ MO. ____ YR.

CONTRACTOR:		MASTER PLUMBER:	
BUSINESS ADDRESS:		PHONE #:	
DESCRIBE WORK:	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: ____ / ____ / ____