***City of Allentown***
Bureau of Building Standards & Safety
Inspections Division
435 Hamilton Street – 4th Floor
Allentown, PA 18101-1699
610.437.7591

**Application to Take the Examination to Become a Licensed Journeyman Plumber**
Applications must be filed at least forty-five (45) days prior to the date of examination, as herin provided. P125.1

Every applicant for a Journeyman Plumber License shall be over the age of twenty-one (21). At the time of application, every applicant shall have at least four (4) years of practical experience on the installation of drainage, waste, vent, and water systems with a Registered Master Plumber, or its equivalent.
ORDINANCE #14190, passed 06/04/2004

**EXAM DATE: Tuesday, November 15, 2016**
**DEADLINE FOR APPLICATION: Friday, September 30, 2016**

**GENERAL INSTRUCTIONS**
Applications must be neatly printed or typewritten, and signed. Applications must be filled in completely and correctly. ***If your application is rejected due to incomplete or erroneous information, you will be required to reapply and pay the application fee again.***

Include a signed copy of your employer's Master Plumber License. If your employer will not comply, you must provide a copy of your W2 form.

If you should have any questions, please call 610.437.7591 or 610.437.7592.

**APPLICATION FEE:** An application fee of $60 must accompany this application. This fee should be paid in the form of a check or money order made payable to **City of Allentown**. This application fee is non-refundable.

| **NAME:** | **DATE OF BIRTH mm/dd/yyyy:** |
|---|---|
| | |

| **STREET ADDRESS:** |
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| |

| **CITY:** | **STATE:** | **ZIP CODE:** | **PHONE NO:** |
|---|---|---|---|
| | | | |

**I hereby declare that the information contained in this application is true, to the best of my knowledge and belief.**

| **DATE:** | **SIGNATURE** |
|---|---|
| | |

**EMPLOYER STATEMENT**

**I, the undersigned, attest that the applicant, _____,**
**has been employed by me, and is proficient at the installation of drainage, waste, vent, and water systems during the time period beginning _____ and ending _____.**

**IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET TO THE APPLICATION.**

| NAME: | MASTER PLUMBER LICENSE #: |
|---|---|
| | |

| COMPANY NAME: |
|---|
| |

| STREET ADDRESS: |
|---|
| |

| CITY: | STATE: | ZIP CODE: | PHONE NUMBER: |
|---|---|---|---|
| | | | |

| SIGNATURE: |
|---|
| |

**NOTARY**

| NAME OF NOTARY: | NOTARY SIGNATURE: |
|---|---|
| NOTARY SEAL: | DATE: |

Any false statements contained in this application shall be in direct violation of the City of Allentown Ordinance #14190, passed on June 4, 2004, as amended, governing the licensing of plumbers and inspection of all plumbing within the City of Allentown.

The following is for internal use only.

| JOURNEYMAN PLUMBER LICENSE: | FEE REC'D: | DATE: |
|---|---|---|
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