

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 14, 2017

DEADLINE FOR APPLICATION: Friday, September 29, 2017

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:								
			_					
CITY:		STATE:	ZIP CODE:	PHONE NO:				
GITT:		SIAIE.	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

l, the undersigned, attest that the applica	ınt,				,		
has been employed by me, and is profici	ent at the instal	llation of c	Irainage, wa	ste, vent, and water	systems during		
the time period beginning	and end	ling		·			
IF ADDITIONAL SPACE IS NEEDED, PLE	ASE ATTACH A	SEPARA	TE SHEET T	O THE APPLICATION	DN.		
NAME:				MASTER PLUMBE	ER LICENSE #:		
COMPANY NAME:							
STREET ADDRESS:							
CITY:		STATE:	ZIP CODE:	PHONE NUMBER:	: 		
SIGNATURE:							
	<u>NO</u>	<u>TARY</u>					
NAME OF NOTARY:		NOTARY SIGNATURE:					
NOTARY SEAL:		DATE:					
Any false statements contained in this applic passed on June 4, 2004, as amended, gove of Allentown.				•			
The following is for internal use only.							
JOURNEYMAN PLUMBER LICENSE:		FEE REC'D:	:		DATE:		