



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: Thursday, November 19, 2020

DEADLINE FOR APPLICATION: Friday, September 18, 2020

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.

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| NAME: | DATE OF BIRTH mm/dd/yyyy: |
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| STREET ADDRESS: |
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| CITY: | STATE: | ZIP CODE: | PHONE NO: |
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I hereby declare that the information contained in this application is true, to the best of my knowledge and belief.

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| 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.

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| NAME: | MASTER PLUMBER LICENSE #: |
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| COMPANY NAME: |
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| STREET ADDRESS: |
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| CITY: | STATE: | ZIP CODE: | PHONE NUMBER: |
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| SIGNATURE: |
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NOTARY

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| 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.

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