



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 Master Plumber

Applications must be filed at least forty-five (45) days prior to the date of examination, as herein provided. P125.1

Every applicant for a Master Plumber License shall be over the age of twenty-one (21). At the time of application, every applicant for a Master Plumber License 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. In addition, every applicant for a Master Plumbers License shall have at least one (1) year experience as a Journeyman Plumber with a Registered Master Plumber or its equivalent.

ORDINANCE #14190, passed 06/04/2004

EXAM DATE: May 12, 2020

DEADLINE FOR APPLICATION: March 27, 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 \$85 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:
EMAIL ADDRESS:	

STREET ADDRESS:

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.

DATE:	SIGNATURE
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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 #:
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COMPANY NAME:

STREET ADDRESS:

CITY:	STATE:	ZIP CODE:	PHONE NUMBER:
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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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