



JOURNEYMAN PLUMBER

PLEASE READ THIS INFORMATION BEFORE COMPLETING YOUR APPLICATION.

You MUST submit a copy of your Driver's License or a legal document with your picture on it.

You MUST have your employer that holds the Master Plumber License signed and a copy of his or her Master Plumber License MUST be submitted with this application.

If your employer will not sign and will not give you a copy of his or her Master Plumber License you MUST submit copies of your W2 at least four (4) years. If you should have any questions, please call (610) 437-7591 or (610) 437-7592

PLEASE READ THIS INFORMATION BEFORE CONTINUING YOUR APPLICATION.

YOUR APPLICATION MUST BE FILLED OUT COMPLETELY AND CORRECTLY BEFORE IT WILL BE PROCESSED.

IF YOUR APPLICATION IS REJECTED DUE TO INCOMPLETE OR ERRONEOUS INFORMATION, YOU WILL BE REQUIRED TO PAY THE APPLICATION FEE AGAIN

PICK ONE EXAM DATE AND PLACE AN "X" IN THE BOX TO THE RIGHT OF THE DATE

DEADLINE: Friday, March 27, 2026 EXAM: Thursday, May 14, 2026		DEADLINE: Friday, September 18, 2026 EXAM: Thursday, November 05, 2026	
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PLEASE READ THIS INFORMATION BEFORE COMPLETING YOUR APPLICATION



CITY OF ALLENTOWN
BUREAU OF BUILDING STANDARDS & SAFETY - INSPECTIONS DIVISION
435 HAMILTON STREET - ROOM 428 or 4th FLOOR
ALLENTOWN, PENNSYLVANIA 18101-1699
(610) 437- 7591

APPLICATION - JOURNEYMAN PLUMBER LICENSE TEST - \$60.00

PLEASE PRINT OR TYPE CLEARLY

PICK ONE EXAM DATE AND PLACE AN "X" IN THE BOX TO THE RIGHT OF THE DATE

DEADLINE: Friday, March 27, 2026 EXAM: Thursday, May 14, 2026		DEADLINE: Friday, September 18, 2026 EXAM: Thursday, November 05, 2026	
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Applications must be filed at least forty-five (45) days prior to date of examinations as hereinafter provided.
P125.1

QUALIFICATIONS - REQUIREMENTS

Every applicant for Journeyman Plumber License shall be over the age of twenty-one (21) years. 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 06/04/04.

PLEASE PRINT OR TYPE CLEARLY AND FILL OUT COMPLETELY :

NAME: _____

ADDRESS: _____

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CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: () _____

EMAIL: _____

DATE OF BIRTH: _____

Month

DAY

YEAR

Application and proper fee \$60.00 shall be received by the Bureau of Building Standards & Safety Inspections - Division 435 Hamilton Street - Room 428 Allentown, PA 18101-1699.

*****BY THE APPLICATION DEADLINE OR BY THE POSTED MARKED DATE*****

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

*******IMPORTANT*******

The applicant shall obtain the signature(s), and address(es) and telephone number(s) of the Registered Master Plumber(s) or its equivalent with whom the applicant has at least four (4) years of practical experience in the installation of drainage, waste, vent and water systems.

PLEASE PRINT OR TYPE CLEARLY AND COMPLETELY FILL OUT THE APPLICATION:

******If additional space is needed, please attach a sheet to the application******

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 _____

NAME: _____

MASTER PLUMBER LICENSER NUMBER: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMPLOYER'S SIGNATURE: _____

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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 _____

NAME: _____

MASTER PLUMBER LICENSE NUMBER: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMPLOYER'S SIGNATURE: _____

*******IMPORTANT*******

******If additional space is needed, please attach a sheet to the application******

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 _____

NAME: _____

MASTER PLUMBER LICENSER NUMBER: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMPLOYER'S SIGNATURE: _____

PRINT I, _____, hereby declare that the foregoing statements are true to the
best of my knowledge and belief:

DATE: _____ APPLICANT'S SIGNATURE: _____

NOTARY PUBLIC SEAL

DATE: _____ NOTARY SIGNATURE: _____

**Any false statements contained in this application shall be in direct violation of the City Of Allentown
ORDINANCE #14190 - PASSED 06/04/04 as amended, governing the licensing of plumbers and inspection of all
plumbing within the City Of Allentown.**