



## MASTER 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**

<b>DEADLINE: Friday, March 27, 2026</b> <b>EXAM: Thursday, May 14, 2026</b>		<b>DEADLINE: Friday, September 18, 2026</b> <b>EXAM: Thursday, November 05, 2026</b>	
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CITY OF ALLENTOWN  
BUREAU OF BUILDING STANDARDS & SAFETY - INSPECTIONS DIVISION  
435 WEST HAMILTON STREET RM 428 or 4<sup>TH</sup> FLOOR  
ALLENTOWN, PENNSYLVANIA 18101-1699  
(610) 437- 7591

APPLICATION - MASTER PLUMBER LICENSE TEST - \$85.00

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 a Master Plumber License shall be over the age of twenty-one (21) years. At the time of application, every applicant for a Master Plumber License shall be a 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 06/04/04.

\*\*\*\*\*

PLEASE PRINT OR TYPE CLEARLY AND FILL OUT COMPLETELY :

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: (    ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  
Month DAY YEAR

\*\*\*\*\*

Application and proper fee \$85.00 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\*\*\*\*\*

MASTER 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 as a Registered Journeyman has had at least one (1) year of practical experience in the installation of drainage, waste, and vent and water system.

**PLEASE PRINT OR TYPE CLEARLY AND FILL OUT COMPLETELY :**

**\*\*\*\*\*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 LICENSE NUMBER: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMPLOYER'S SIGNATURE: \_\_\_\_\_

.....

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\*\*\*\*\***

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systems during the time period beginning \_\_\_\_\_  
and ending \_\_\_\_\_

NAME: \_\_\_\_\_

MASTER PLUMBER LICENSE 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.

The following is for internal use only:

JOURNEYMAN PLUMBER LICENSE	FEE REC'D	DATE: