

**CERTIFICATE OF INSURANCE LISTING
LOWER GWYNEDD TOWNSHIP MUST
ACCOMPANY APPLICATION**



(TO BE FILLED OUT BY LOWER GWYNEDD TOWNSHIP:)

DATE: _____

LICENSE NO. _____

RECEIPT NO. _____

LICENSE VALID: JAN. 1st – DEC. 31st

1130 N. Bethlehem Pike, PO Box 625, Spring House, PA 19477

Phone: 215-646-5302 Fax: 215-646-3357 www.lowergwynedd.org

APPLICATION FOR MASTER PLUMBER LICENSE

A VALID CERTIFICATE OF INSURANCE IS REQUIRED WITH YOUR APPLICATION

APPLICATION FOR:

NEW Master Plumber Application (**must fill out master proof section below**): \$125.00

RENEWAL: Master Plumber: \$125.00

Add on: Journeyman: \$50.00 Apprentice \$10.00 (list of names of Journeymen and Apprentices below:)

JOURNEYMAN: _____ APPRENTICE: _____

JOURNEMAN: _____ APPRENTICE: _____

JOURNEYMAN: _____ APPRENTICE: _____

MASTER PLUMBER NAME:	COMPANY NAME:	BUSINESS ADDRESS:
EMAIL:	PHONE:	FAX:

**MASTER PROOF: LIST STATE TESTS/EXAMINATIONS/REGISTRATIONS IN OTHER MUNICIPALITIES/TOWNSHIPS
COPIES OF BELOW TESTS/REGISTRATIONS ARE REQUIRED WITH YOUR APPLICATION:**

- 1) _____
- 2) _____
- 3) _____

(I do hereby attest that the information provided on this application is true, and that I am versed in the National Plumbing Code and the Lower Gwynedd Township Plumbing Ordinance; and further, I understand that I am responsible for meeting the requirements of these codes on all work performed in Lower Gwynedd Township).

Signature of Master Plumber: _____

Printed Name: _____ Date: _____