

**APPLICATION FOR  
PLUMBING LICENSE**



**CITY OF PHILADELPHIA**  
**DEPARTMENT OF LICENSES AND INSPECTIONS**  
MUNICIPAL SERVICES BUILDING – CONCOURSE  
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PHILADELPHIA, PA 19102  
For more information visit us at [www.phila.gov](http://www.phila.gov)

APPLICATION # \_\_\_\_\_

(Please complete all information below and print clearly)

**CHOOSE TYPE OF LICENSE**

**MASTER PLUMBER**                       **JOURNEYMAN PLUMBER**                       **APPRENTICE PLUMBER**

NAME OF APPLICANT : \_\_\_\_\_

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

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

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ CELL # \_\_\_\_\_

PREVIOUS LICENSE (IF ANY) # \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

NAME OF COMPANY OR EMPLOYER (IF ANY): \_\_\_\_\_

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

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

PHONE #:(\_\_\_\_) \_\_\_\_\_ FAX : (\_\_\_\_) \_\_\_\_\_ BUSINESS PRIVILEGE LICENSE # \_\_\_\_\_

**ATTENTION APPLICANTS FOR MASTER PLUMBER LICENSE**

YOU OR YOUR EMPLOYER ARE REQUIRED TO HAVE A BUSINESS PRIVILEGE LICENSE TO CONDUCT BUSINESS IN PHILADELPHIA  
DO YOU HAVE A BUSINESS PRIVILEGE LICENSE?  YES NUMBER \_\_\_\_\_  NO

**WORK EXPERIENCE**

NUMBER OF YEARS AS AN APPRENTICE PLUMBER \_\_\_\_\_ NUMBER OF YEARS AS A JOURNEYMAN PLUMBER \_\_\_\_\_

LIST BELOW YOUR MOST RECENT PLUMBING EXPERIENCE (CONTRACTORS, DATES AND DESCRIPTION OF WORK)

CONTRACTOR: _____		MASTER PLUMBER: _____	
BUSINESS ADDRESS: _____		PHONE #: _____	
DESCRIBE WORK: _____		DATES: _____	
_____		FROM: _____ MO. _____ YR.	
_____		TO: _____ MO. _____ YR.	

CONTRACTOR: _____		MASTER PLUMBER: _____	
BUSINESS ADDRESS: _____		PHONE #: _____	
DESCRIBE WORK: _____		DATES: _____	
_____		FROM: _____ MO. _____ YR.	
_____		TO: _____ MO. _____ YR.	

STATE ADDITIONAL PLUMBING EDUCATION AND EXPERIENCE (USE ADDITIONAL SHEETS IF NECESSARY):

**THIS APPLICATION MUST BE ACCOMPANIED BY PAYMENT OF APPLICATION FEE, ORIGINAL EXAMINATION RESULTS (EXCEPT APPRENTICE), AFFIDAVIT LETTERS FROM MASTER PLUMBERS LISTED ABOVE CONFIRMING EMPLOYMENT AND ABILITY, AND A COPY OF THE APPLICANT'S DRIVER'S LICENSE. APPLICANTS FOR MASTER PLUMBER ALSO REQUIRE PROOF OF REQUIRED INSURANCE.**

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to such penalties as may be prescribed by law or ordinance.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_