APPLICATION FOR
PLUMBING LICENSE

CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS
MUNICIPAL SERVICES BUILDING – CONCOURSE
1401 JOHN F. KENNEDY BOULEVARD
PHILADELPHIA, PA 19102
For more information visit us at 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: _____ / _____ / _____

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