

EXETER TOWNSHIP
APPLICATION FOR MASTER PLUMBING LICENSE

DATE: _____ **LICENSE #:** M-_____ **PAID \$** _____

NAME: _____ **EMPLOYER:** _____

BUSINESS ADDRESS: _____

POSITION: _____ **BUSINESS PHONE:** _____

SCHOOLS ATTENDED:

GRADE SCHOOL: _____

HIGH SCHOOL: _____

TECHNICAL SCHOOL: _____

OTHER: _____

FOR TOWNSHIP USE ONLY

_____ **APPLICATION APPROVED**

_____ **NEED CERTIFICATE OF INSURANCE**

_____ **NEED MORE INFORMATION**

PLUMBING INSPECTOR

DATE APPROVED: _____

ADDITIONAL INFORMATION:

NUMBER OF YEARS IN BUSINESS: _____

**LIST OF MUNICIPALITIES WHERE YOU CURRENTLY HOLD LICENSE
(PLEASE ATTACH COPY)**

1. _____
2. _____
3. _____

LIST THREE REFERENCES: (NAME, ADDRESS AND PHONE NUMBER)

1. _____
2. _____
3. _____

CHECK TYPE OF WORK YOU HAVE INSTALLED:

_____ RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature in presence of Notary

State of Pennsylvania:
County of Berks:

_____ being duly sworn according to law, deposes and says that the facts set forth in the foregoing application are true and correct to the best of his knowledge, information and belief.

Sworn to and subscribed before me this _____

Signature of Notary

_____ day of _____, 20_____.