



CITY OF GERING APPLICATION FOR PLUMBING LICENSE

(Incomplete applications will not be considered)

The undersigned hereby makes application for a license in accordance with Ordinance No. 2156, Chapter 116: Plumbing Contractors.

Please **check all** that are being applied for:

Master Plumber

Water Fitter

Journeyman Plumber

Gas Fitter Endorsement

Apprentice Plumber

Attach credentials, certifications, letters, affidavits and test results to application.

1.

Applicant Name (Last, First, Middle Initial)

Applicant Address (Street)

Applicant (City, State, Zip)

Applicant Email Address

Applicant Phone Number

Current Employer's Business Name and Address:

Current employer's Phone Number:

2. EDUCATION - College(s) or Trade School(s) attended:

Name of School

Program Completed

Date Graduated

School Address (City/State)

Name of School

Program Completed

Date Graduated

School Address (City/State)

3. EXPERIENCE RECORD - Current and Former Employers

NOTE: Letters or affidavits from employers must be attached.

Name and Addresses:
(Starting with the **most recent** first)

Position Held:
(Master, etc.)

Dates:
(From - To)

a. _____

b. _____

c. _____

List any other licenses held:
(i.e., Master, Journeyman, Apprentice)

City Where Issued:

Date Issued:

a. _____

b. _____

4. HOURS WORKED:

Include all qualifying work hours completed under your previous plumbing license designation.

FROM: Month / Year	TO: Month / Year	TOTAL HOURS WORKED
TOTAL NUMBER OF HOURS REPORTED ON THIS FORM >		

5. PERSONAL REFERENCES:

Please provide the names, email addresses, and phone numbers of at least three individuals who are not related to you and are not employed by your current employer, who can verify the accuracy of the information provided above.

Name:

Email Address:

Contact Number:

a. _____

b. _____

c. _____

Applicant's Signature

Date

.....
FOR OFFICE USE ONLY

License Number: _____

Date License was Granted: _____

Date Paid: _____

Cash Check # _____ Credit Card

Receipt Number: _____