

4. PERSONAL REFERENCES:

Give names and COMPLETE addresses of at least three persons not related to you, who can vouch for the truthfulness of the above statements.

NAMES	ADDRESSES
_____	_____
_____	_____
_____	_____

Today's date

Applicant's Signature

In case of failure to pass test, applicant must resubmit in six months.



FOR OFFICE USE ONLY

Name (Last, First, Middle)

Home mailing address

Date license was applied for: _____

TEST(S) TAKEN AND DATE(S):

(a) PLUMBERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(b) GAS FITTERS: _____ SCORE: _____ DATE: _____ TEST NO. _____

(c) SHEET METAL: _____ SCORE: _____ DATE: _____ TEST NO. _____

Note: Indicate type of Plumbers test taken by circling **ONE** of the following:

MASTER PLUMBER'S TEST or JOURNEYMAN PLUMBER'S TEST

Date license was granted: _____

Name and address of Employer at the time license was granted: _____

APPROVED: _____
CODE ADMINISTRATOR