

**ROBERT G. CASSILLY**  
Harford County Executive

**ROBERT S. MCCORD**  
Director of Administration



**RICHARD C. TRUITT**  
Director of Inspections,  
Licenses and Permits

## REGISTRATION APPLICATION FOR PLUMBERS CERTIFICATE

Master Plumber / Master Gas Fitter / Liquified Petroleum / Journey

220 SOUTH MAIN STREET  
BEL AIR, MARYLAND 21014  
(410) 638-3215

[\*\*ePERMIT CENTER\*\*](#)

**NEW REGISTRATION**

**RENEWAL REGISTRATION**

<input type="checkbox"/> <b>MASTER PLUMBER – GAS FITTER</b>	<b>\$140</b>	<input type="checkbox"/> <b>LIQUIFIED PETROLEUM (L.P.)</b>	<b>\$140</b>
<input type="checkbox"/> <b>MASTER GAS FITTER</b>	<b>\$140</b>	<input type="checkbox"/> <b>JOURNEY PLUMBER GAS FITTER</b>	<b>\$60</b>

This is a two-year license which renews April 30<sup>th</sup> of even numbered years.

**PLEASE PROVIDE PAYMENT AND THE FOLLOWING DOCUMENTS AT TIME OF APPLICATION**

- CERTIFICATE OF INSURANCE NAMING HARFORD COUNTY PLUMBING BOARD AS CERTIFICATE HOLDER
- CURRENT STATEWIDE LICENSE OR WSSC RECIPROCITY
- COPY OF DRIVER'S LICENSE OR PHOTO ID

NAME: \_\_\_\_\_  
LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

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

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

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

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THE FOLLOWING INFORMATION REQUIRED ONLY FOR MASTER APPLICATION:**

STATE LICENSE NUMBER: \_\_\_\_\_

NUMBER OF APPRENTICES EMPLOYED: \_\_\_\_\_

NUMBER OF JOURNEYMAN EMPLOYED: \_\_\_\_\_  
(LIST JOURNEYMAN NAMES AND ADDRESSES ON REVERSE SIDE)