



# ROBERT G. CASSILLY

## Harford County Executive

## ROBERT S. McCORD

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

## APPLICATION FOR MECHANICAL REGISTRATION

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

ePERMIT CENTER

NEW REGISTRATION

**RENEWAL REGISTRATION**

- MASTER** \$140
- UNINSURED MASTER** \$140
- UNINSURED RESTRICTED** \$40 FOR EACH CATEGORY, MAXIMUM \$140

Master Restricted Heating

- Master Restricted Heating
- Master Restricted Forced Air Heating
- Master Restricted Heating – Hydronic
- Master Restricted Ventilation
- Master Restricted Air Conditioning
- Master Restricted Refrigeration

- LIMITED MECHANICAL** \$140
- MASTER INSPECTOR** (WAIVED FEE)

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

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

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

**NAME:** \_\_\_\_\_

LAST

## FIRST

MI

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

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

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

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

**TELEPHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EMAIL:** [info@pennstate.edu](mailto:info@pennstate.edu)

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

**THE FOLLOWING INFORMATION REQUIRED ON THIS FORM**

State License Number: \_\_\_\_\_  
Number of Apprentices employed: \_\_\_\_\_

**Number of Apprentices employed:** \_\_\_\_\_ (List name & address of apprentice on reverse side.)