



PLEASE PRINT

PDE - 3017

Department of Planning, Development and Engineering

PLUMBER JOURNEYMAN'S LICENSE APPLICATION

CONTACT INFORMATION (to be completed by the applicant)

SECTION 1

Name \_\_\_\_\_ Email \_\_\_\_\_
Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_
Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Fax) \_\_\_\_\_

APPLICATION INFORMATION

SECTION 2

1. With whom did you serve your apprenticeship? \_\_\_\_\_
2. Have you previously held a similar license? Yes No
3. State the plumbing certificates and diplomas received \_\_\_\_\_
4. Give the names and addresses of several plumbing installations or jobs you have worked on in the last two (2) years \_\_\_\_\_
5. Are you the proprietor of your own business? Yes No
If yes, please complete the following:
a) Name of the business \_\_\_\_\_
b) Location of the business \_\_\_\_\_
c) Mailing address of the business \_\_\_\_\_
d) Phone number \_\_\_\_\_

APPLICANT DECLARATION

SECTION 3

I declare I will comply with the terms and conditions of this license and the St. John's Plumbing By-Law and that the information contained in this application is true to the best of my knowledge, information, and belief.

Signature \_\_\_\_\_ Date (yyyy-mm-dd) \_\_\_\_\_

Please note:

- Failure to provide the required information may result in a delay in obtaining a license. False or misleading information may result in suspension or an existing license or refusal to issue another license.
• The application fee of \$35.00 must be paid prior to the issuance of the license.

Please mail completed form to: Access St. John's, 1st Floor City Hall
10 New Gower Street
P.O. Box 908
St. John's, NL A1C 5M2
Call: 311 or 709-754-2489
Where 311 is unavailable, call 709-754-CITY (2489)
Fax: 709-576-7688
Email: service@stjohns.ca