



PLEASE PRINT

PER - 3017

Department of Planning, Engineering & Regulatory Services

### PLUMBER **JOURNEYMAN'S** LICENSE APPLICATION

#### CONTACT INFORMATION (to be completed by the applicant)

#### SECTION 1

Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_ Postal Code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Fax) \_\_\_\_\_

#### APPLICANT INFORMATION

#### SECTION 2

1. Do you hold a valid Journeyman Plumbing License as issued by the province of Newfoundland and Labrador? Yes No  
 If no, what province are you registered? \_\_\_\_\_

2. Please complete the following and attach a current copy of your license.  
 Provincial Certificate # \_\_\_\_\_ Inter-Provincial # \_\_\_\_\_  
 Category Type: Construction Industrial Both

3. Have you previously or do you currently hold a Journeyman Plumbing License as issued by the City of St. John's? Yes No  
 If yes, please state the following: Date of Issuance \_\_\_\_\_ License Number \_\_\_\_\_

4. With what company are you registering as a Journeyman Plumber \_\_\_\_\_

5. Are you in a firm/partnership with other Plumbing Company or Corporation? Yes No  
 If yes, please give the name of this firm/partnership \_\_\_\_\_

#### APPLICANT DECLARATION

#### SECTION 3

The applicant agrees to comply with all the terms and conditions of this license, the [St. John's Electrical By-Law](#) and agrees that the information contained in this application is true to the best of their knowledge, information and belief. [St. John's Plumbing By-Law](#)

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 of an existing license or refusal to issue another license.
- An [application fee](#) must be paid prior to the issuance of the license.

#### THE FOLLOWING MUST ACCOMPANY THIS APPLICATION

#### SECTION 4

1. Copy of a valid/current Journeyman Plumber License (*Inter-provincial or Equivalent*)

Please send completed form to:

**Mail:** Access St. John's, City Hall  
 10 New Gower Street  
 PO Box 908  
 St. John's NL A1C 5M

**Email:** [service@stjohns.ca](mailto:service@stjohns.ca)  
**Fax:** 709-576-7688  
**Call:** 311 or 709-754-2489