

1301 12TH STREET
SUITE 103
ALTOONA PA 16601



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DEPARTMENT OF CODES & INSPECTIONS

APPLICATION FOR PLUMBER EXAMINATION

NAME: _____
ADDRESS: _____
TELEPHONE: _____

PLEASE GIVE NAME AND ADDRESS OF PRESENT EMPLOYER:

APPLYING TO TAKE EXAMINATION FOR THE FOLLOWING:

JOURNEYMAN MASTER

HAVE YOU PREVIOUSLY TAKEN THE MASTER EXAMINATION?

YES NO

IF YOU ARE APPLYING TO TAKE THE MASTER'S EXAMINATION, HAVE YOU PREVIOUSLY TAKEN AND PASSED THE JOURNEYMAN'S EXAMINATION?

YES Date Passed _____
 NO

PLEASE PROVIDE ANY OTHER ADDITIONAL INFORMATION YOU FEEL THE BOARD SHOULD TAKE INTO CONSIDERATION:

PLEASE SUBMIT ALL RELEVANT TRAINING CERTIFICATES AND LICENSES WITH THIS FORM. PAYROLL OR SOCIAL SECURITY RECORDS ARE ALSO REQUIRED TO DOCUMENT ON-THE-JOB WORK EXPERIENCE.

Signature

Date

This Application for Examination must be reviewed by the City of Altoona Plumbing Board. Upon review, you will be contacted in writing and informed of the Board's decision. If approved, an Examination Bulletin and testing information will be provided to you at that time.