



Codes & Inspections Department  
1301 12th Street, Suite 103  
Altoona, PA 16601  
Phone: 814-949-2456

**DEPARTMENT OF CODES AND INSPECTIONS**

**ELECTRICAL AND PLUMBING EXAMINERS BOARD**

Application for Exam, Reciprocity or One-Time Permit

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

**APPLICATION FOR EXAMINATION:**

APPLYING TO TAKE THE FOLLOWING EXAMINATION:

- MASTER ELECTRICIAN     RESIDENTIAL ELECTRICIAN     JOURNEYMAN ELECTRICIAN
- MASTER PLUMBER         JOURNEYMAN PLUMBER

NAME OF PRESENT EMPLOYER: \_\_\_\_\_

**APPLICATION FOR RECIPROCITY:**

APPLYING FOR RECIPROCITY FOR THE FOLLOWING LICENSE:

- MASTER ELECTRICIAN     RESIDENTIAL ELECTRICIAN     JOURNEYMAN ELECTRICIAN
- MASTER PLUMBER         JOURNEYMAN PLUMBER

**APPLICATION FOR ONE-TIME PERMIT:**

- ONE-TIME ELECTRICAL PERMIT     ONE-TIME PLUMBING PERMIT

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

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

COMPANY PHONE \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TOTAL NUMBER OF LICENSED TRADESMEN EMPLOYED IN COMPANY \_\_\_\_\_

NO. OF MASTERS: \_\_\_\_\_ NO. OF JOURNEYMEN: \_\_\_\_\_ NO. OF APPRENTICES: \_\_\_\_\_

MASTER NAME EMPLOYED BY COMPANY RESPONSIBLE FOR PERMIT: \_\_\_\_\_

JOB/PROJECT NAME, ADDRESS AND DESCRIPTION OF WORK TO BE CONDUCTED IN CITY:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**INFORMATION REQUIRED TO BE SUBMITTED WITH THIS APPLICATION:**

1. NAME OF PRESENT EMPLOYER
2. EXAM RESULTS (PASS CERTIFICATE) FOR CURRENT LICENSE
3. LICENSING REQUIREMENTS FROM CURRENT MUNICIPALITY WHERE LICENSE IS HELD
4. COPY OF GOOD STANDING LETTER FROM MUNICIPALITY WHERE LICENSE IS HELD
5. COPIES OF ALL LICENSES, TRAINING, CERTIFICATES, EDUCATION
6. PAYROLL RECORDS MAY BE REQUIRED TO DOCUMENT ON-THE-JOB EXPERIENCE
7. INSURANCE INFORMATION MUST BE SUBMITTED FOR ONE-TIME PERMITS.