

Delaware County Municipalities Plumbing Council

DCMPC / PO Box 694 / Broomall, PA 19008 / (610) 874-4398

Exam Date: ____/____/____

Application for: Master Plumber Examination (\$225.00)
 Journey Person Plumber Examination (\$150.00)

(Print in ink or type)

Last Name	First	Middle
Street	City	State
Zip Code	Apt. Number	County
		Date of Birth ____/____/____
Social Security Number	(____) ____-____-____ Home Phone Number	

Do you hold a current Plumbing License? No Apprentice Journey Person Master

Education: (please include all schools attended. Use additional paper. Attach diplomas)

Name and Location of School	Years Attended		Date Graduated	Course	Degree or Certificate Received
	To	From			

For whom did you serve your apprenticeship? (use additional paper if necessary)

Name	Current Address	Zip Code	Phone	From	To

For whom have you been employed as a Journey Person Plumber? (use additional paper if necessary)

Name	Current Address	Zip Code	Phone	From	To

What Municipalities are you licensed in? (use additional paper if necessary)				
Municipality	Type of License	Test Date	Practical	Theoretical

For whom are you currently employed?		
Name:		
Current Address:		
Zip Code:	Phone () -	Date Hired: / /
Employer's Tax Identification Number:		
Employer's Delaware County Municipalities Certification Number:		

Signature of Co-Sponsor 1 (One sponsor <i>must</i> be certified through the DCMPC)	DCMPC Certification No. () -
Print name of Co-Sponsor 1 Current Address:	Current Phone No.

Signature of Co-Sponsor 2 (One sponsor <i>must</i> be certified through the DCMPC)	DCMPC Certification No. () -
Print name of Co-Sponsor 2 Current Address:	Current Phone No.

This affidavit is to be executed by the applicant before a notary public:

State of _____

County of _____

I, _____ in making application to The Delaware County Municipalities Plumbing Council for certification of plumbers, swear (of affirm) that I am the applicant and that all information provided in connection with this application is true and correct to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or suspend or revoke a certification issued by The Delaware County Municipalities Plumbing Council.

Signature of Applicant _____

Sworn and subscribed to before me this _____ day of _____, _____

Signature of Notary Public _____

Name of Notary Public _____



The application fee is **\$225.00** for Masters and **\$150.00** for Journey Person. Only certified checks or money orders, payable to The Delaware County Municipalities Plumbing Council, will be accepted. The application must be complete and the work experience certifications furnished to be accepted.

First Name: _____

Last Name: _____

Weight: _____

Height: _____

Hair Color: _____

Eye Color: _____

Gender: _____

Date of Birth: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Do not write below this line

Received Check No. _____ by _____ Amount \$ _____

Date Application Approved ____/____/____

Test: Passed Failed

Certification Number _____

Notes

