

TOWNSHIP OF HAVERFORD  
DEPARTMENT OF CODES ENFORCEMENT  
1014 Darby Road  
Havertown, PA 19083  
(610) 446-1000 Ext. 2252  
Fax: (484) 454-4186  
lisa@havtwp.org

**NEW MASTER PLUMBER CONTRACTOR LICENSE APPLICATION**

**BUSINESS INFORMATION**

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Office Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
Email Address \_\_\_\_\_ State HIC # \_\_\_\_\_  
Fed ID # \_\_\_\_\_

**APPLICANT INFORMATION**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
COPY OF MASTERS LICENSE ATTACHED \_\_\_\_\_

**INSURANCE**

Liability Insurance \_\_\_\_\_ Policy # \_\_\_\_\_  
Agent for Insured \_\_\_\_\_ Phone Number \_\_\_\_\_  
Workers Compensation \_\_\_\_\_ Policy # \_\_\_\_\_  
Agent for Insurance \_\_\_\_\_ Phone Number \_\_\_\_\_

JOURNEYMEN \$15.00 EACH

APPRENTICE \$7.50 EACH

NAME: \_\_\_\_\_  
NAME: \_\_\_\_\_  
NAME: \_\_\_\_\_  
NAME: \_\_\_\_\_

NAME: \_\_\_\_\_  
NAME: \_\_\_\_\_  
NAME: \_\_\_\_\_  
NAME: \_\_\_\_\_

Certificate of Liability and Workers Compensation or Affidavit Attached \_\_\_\_\_

I HEREBY CERTIFY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF I KNOWINGLY MAKE ANY FALSE STATEMENT HEREIN, I AM SUBJECT TO SUCH PENALTIES AS MAY BE PRESCRIBED BY LAW OR ORDINANCE.

WE AUTHORIZE YOU TO OBTAIN ANY INFORMATION THAT YOU REQUIRE CONCERNING STATEMENT IN THIS APPLICATION, WHICH SHALL REMAIN THE PROPERTY OF HAVERFORD TOWNSHIP

\_\_\_\_\_  
SIGNATURE OF APPLICANT

FEE: \$75.00 PAYABLE TO HAVERFORD TOWNSHIP