



City of Toledo
 Department of Inspection
 Division of Building Inspection

One Government Center, Suite 1600 • Toledo, OH 43604 • Phone (419) 245-1220 • Fax (419) 245-1329 • www.toledo.oh.gov

APPLICATION FOR PLUMBING/HYDRONICS EXAM / REGISTRATION

- APPRENTICE REGISTRATION (If program through State, indenture papers required) \$25.00
 Plumber Hydronics
- JOURNEYMAN PLUMBER \$100.00
- JOURNEYMAN HYDRONICS \$100.00
- TRAVELER JOURNEYMAN (submit proper documentation as per TMC 1311.03(b)) \$100.00

PRINT LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ PHONE () _____

MALE FEMALE SOCIAL SECURITY NUMBER: _____

HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

E-MAIL: _____

PLEASE INDICATE THE REQUIREMENTS YOU MEET BELOW AND PROVIDE DOCUMENTATION AS PROOF. ALL DOCUMENTATION MUST BE SUBMITTED AT TIME OF APPLICATION (COPIES OF MUNICIPAL LICENSES, NOTARIZED CONTRACTOR LETTERS, NOTARIZED BUILDING INSPECTION DEPARTMENT LETTERS, OR OTHER PROOF OF QUALIFICATION).

- JOURNEYMAN CERTIFICATE BY TESTING IN _____ JURISDICTION (CITY)
- COMPLETED RECOGNIZED APPRENTICE PROGRAM AT _____
- HAVE CERTIFICATE OF COMPLETION – SUBMIT COPY _____
- ENROLLED IN APPROVED APPRENTICE PROGRAM _____
- POSSESS CURRENT UNION MEMBERSHIP CARD _____
- WORKED AS JOURNEYMAN PLUMBER 5 CONSECUTIVE YEARS

ADDITIONAL LICENSES OR QUALIFICATIONS I HAVE: _____

YOU MUST COMPLETE THE EMPLOYMENT HISTORY SHEET ON THE REVERSE SIDE OF THIS APPLICATION.

APPLICANT'S SIGNATURE _____ (MUST BE NOTARIZED BELOW) DATE _____

Sworn to and subscribed to before me this _____ day of _____, 20____ in the State of Ohio,
 County of _____ (notary public)

EXAMINATION / REGISTRATION FEE (PAYABLE TO COMMISSIONER OF TREASURY) MUST ACCOMPANY APPLICATION. MAIL OR HAND DELIVER TO ADDRESS LISTED AT TOP OF THIS FORM.

FOR OFFICE USE ONLY

BOARD OF CONTROL / ADMINISTRATION APPROVAL DISAPPROVAL Initials _____ Date _____

REASON for disapproval _____

TEST DATE _____ **NO SHOW** **PASSED** **FAILED**

EMPLOYERS starting with most recent - NAME AND ADDRESS	From MO YR	To MO YR	Position and Nature of Work	Reason for Leaving