

**CITY OF LANCASTER, PENNSYLVANIA
BUREAU OF CODE COMPLIANCE AND INSPECTIONS
120 NORTH DUKE STREET, P.O. Box 1599, LANCASTER, PENNSYLVANIA 17608-1599**

Application for reciprocation of plumbing license

Date _____

Name _____ Phone# () _____

Home Address _____

E-mail _____

Current employer _____

Current employer's address _____

Master Plumber at current employer _____

I hereby apply to the Board of Plumber Examiners for reciprocation of my current _____
(municipality) license.

Date of examination _____ Municipality where I tested _____

Please mark appropriate boxes:

International Code Council examination
 Master Plumber= \$200

Municipal examination
 Journeyman Plumber= \$100

MY SIGNATURE ON THIS APPLICATION IS ACKNOWLEDGEMENT THAT I HAVE READ AND UNDERSTAND THE PROVISIONS OF CHAPTER 215 and CHAPTER 116 OF THE CODIFIED ORDINANCES OF THE CITY OF LANCASTER, PENNSYLVANIA. I FURTHER UNDERSTAND THAT IF I VIOLATE ANY OF THESE PROVISIONS I SUBJECT MYSELF TO IMMEDIATE LEGAL ACTION.

Signature of Applicant _____

EMPLOYERS CERTIFICATION

I, _____, a duly licensed master plumber engaged in the plumbing business at _____ (name of business), certify that the applicant herein has been employed by me in the plumbing trade from _____ to _____ .

SIGNATURE OF MASTER PLUMBER _____

Accept _____ Reject _____

Chairman, Board of Plumber Examiners

Revised 12/9/14