

Department of Planning & Codes
403 South 7th Street, Suite 210
Denton, Maryland 21629-1335
☎ 410-479-8100 Fax: 410-479-4187



Accepted _____ Rejected _____
Date _____ License # _____
Receipt# _____ Check# _____
(OFFICE USE ONLY)

CAROLINE COUNTY APPLICATION FOR A PLUMBER'S LICENSE

TYPE OF LICENSE APPLYING FOR:

- Master Plumber - \$ 100.00 (2-Year) Journeyman Plumber - \$ 50.00 (2-Year)

(Make check payable to: "CAROLINE COUNTY COMMISSIONERS" and remit to above address)

*REGISTRATION EXPIRES ON THE LAST DAY OF JUNE NOT LESS THAN 13 MONTHS AND NO MORE THAN 25 MONTHS
FOLLOWING THE DATE OF ISSUANCE*

Ⓢ PROPER INSURANCE MUST BE FURNISHED PRIOR TO ISSUANCE OF LICENSE Ⓢ

The Board requires a certificate of insurance endorsed to the Caroline County Plumbing Board showing you as the insured **NOT** your firm in the amounts of at least \$300,000 General Liability and \$100,000 Property Damage.

-
- Applicant's Full Name: _____
Mailing Address of Residence: _____
City, State & Zip Code: _____
Home Phone No: _____
 - Will Represent or Trade Under the Name of:

Business Mailing Address: _____
City, State & Zip Code: _____
Business Phone: _____ Business Fax: _____
Principal Business: _____
 - How many years have you been engaged or worked in the plumbing business: _____
 - Describe any special study, correspondence course, night school courses, etc. which help to fit you in addition to your practical experience in the plumbing business: _____

 - State of Maryland License Registration No: _____
 - Have you ever filed an application in Caroline County before: _____

7. List all plumbing employees and notify this office of any changes within thirty (30) days:
If you have no employees, please state "NONE".

NAME	ADDRESS	DATE STARTED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach another sheet if necessary)

- AFFIDAVIT -

I do hereby affirm under penalty of perjury that I am in compliance with the Workmen's Compensation Law (Article 101, Sections 1 through 102, Annotated Code of Maryland) in that:

- I am not an employer required to provide employee coverage by the Workmen's Compensation Law; or
- I am an employer required to provide employee coverage by the Workmen's Compensation Law and have secured such coverage as evidenced by the certificate of compliance enclosed herein

After having read the Board's Rules and Regulations, the undersigned hereby makes application for a Plumber's License as defined under the Caroline County Code of Public Local Laws, Chapter 147.

Signature _____ Date _____

TO BE COMPLETED BY A NOTARY PUBLIC

STATE OF MARYLAND, CAROLINE COUNTY, TO WIT:

I HEREBY CERTIFY, that on this _____ day of _____ 20_____ before me, the subscriber, a Notary Public in _____ personally appeared _____ and he/she made oath in due form of law that the facts set forth in the foregoing application for license are true and bona fide to the best of his/her knowledge and belief.

(SEAL)

Notary Public Commission Expiration

REV. 07/01/19

Attach the following documentation upon returning this application:

- Copy of Current Maryland State Plumber's License
- Certificate of Liability Insurance
- Copy of Current Picture ID (driver's license, state ID, etc.)
- Current License Fee