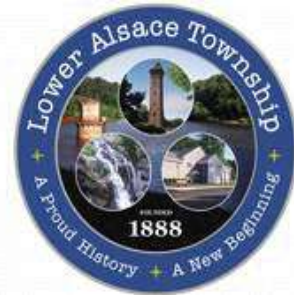


LOWER ALSACE TOWNSHIP

1200 Carsonia Avenue
Reading, PA 19606
Phone (610)779-6400 - Fax (610) 370-0797



APPLICATION FOR MASTER PLUMBER LICENSE

Date _____

Name: _____ Employer: _____

Business Address: _____

Home Address: _____ Home Phone: _____

List Schools Attended:

High School: _____

Technical School: _____

Other Schools: _____

.....
Year of starting in business: _____

Name and addresses of employers during the past five years (include dates)

Name and addresses of three references:

List municipalities where you currently hold Licenses (provide copies):

Lower Alsace Township

Check type of work you have installed:

_____ Residential _____ Commercial _____ Industrial

Signature of Applicant



FOR TOWNSHIP USE ONLY

_____ Application Approved

_____ Need Insurance

_____ Need More Information

Date Approved: _____

Signature of Plumbing Inspector