City of Tempe
P. O. Box 5002
31 East Fifth Street
Tempe, AZ 85280
480-350-8341, Option 2
www.tempe.gov

Community Development Department
Building Safety Division

Tempe

APPLICATION FOR EXAMINATION FOR MAINTENANCE PLUMBER'S CERTIFICATE OF REGISTRATION

Instructions: Please type or print the information requested below, read the attached Requirements and sign the application. Please submit to the Building Safety Division at the address listed above.

1. Name: _____
   First Middle Initial Last

2. Street Address: _____

   City, State, Zip: _____

3. Telephone No. _____ _____
   Home Office

4. Do you now hold, or have you ever held a license as a Plumbing Contractor or Journeyman Plumber? Yes _____ No _____

   If yes, in what City and State. _____
   City State

5. How many years' experience have you had in the plumbing industry? _____

   Give a brief review of your experience or training in the plumbing industry. _____

   _____

   _____

   _____

6. For whom will you be employed as a Maintenance Plumber?

   Name of Company: _____

   Address of Company: _____

   _____

   Type of Business: _____

7. How many full-time plant maintenance personnel will you supervise? _____

I hereby certify that I have read this application and the Requirements for Maintenance Plumber's Certificate of Registration (attached) and understand that a violation of said requirements is grounds for suspension or revocation of a Maintenance Plumber's Certificate.

_____ _____

Date Signature of Applicant

For City of Tempe Use Only			
Date Application Received:		Application Reviewed By:	
Fee Amount Paid & Validation:			
Examination Date:			
Exam Corrected By:		Grade Received (%):	
Applicant Notified of Grade:		Certificate Mailed:	
File Notated:			