City of Tempe Community Development Building Safety PO Box 5002 Tempe, AZ 85280 480-350-4311 www.tempe.gov



## 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.

Name:					
	First	Middle Initial	Last		
Street Address: _					
City, State, Zip:					
Telephone No	Email: Home / Office / Cell				
Do you now hold, o	or have you eve	r held a license as an Plumbing (	Contractor or Journeyman Plumber?		
Yes		No			
If yes, in what City	and State				
		City	State		
			industry.		
•		s a Maintenance Plumber?			
Address of Compa	ıny:				
Type of Business:					
How many full-time	e plant mainten	ance personnel will you supervi	se?		

Thereby certify that Thave	read this application and the	Requirements for Maintenance Plumber's		
<u> </u>	(attached) and understand revocation of a Maintenance	that a violation of said requirements is Plumber's Certificate.		
9				
Date Sig		ature 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:					