



Carroll County, Maryland 2011-2013 Plumbing/Gas Fitter License Renewal/New Form

PLEASE PRINT ALL INFORMATION

Carroll County License #		MD State Lic.#		Expires:	
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Type of License: (Please check the appropriate box)

<input type="checkbox"/>	Master Plumber	Inactive:	<input type="checkbox"/>
<input type="checkbox"/>	Master Plumber/Gas Fitter		
<input type="checkbox"/>	Gas Fitter	Check one	<input type="checkbox"/> Natural <input type="checkbox"/> LP <input type="checkbox"/> Both
<input type="checkbox"/>	Utility		

Full Name:

(First)	(Middle)	(Last)	(Sr., Jr., III, etc)
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Company Name*:

Company Mailing Address:

(Street Address or P.O. Box)	(Town)	(Zip)
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Email Address:

Company Telephone #:	Company's Fax #:
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Cell Phone#:	Home Phone #:
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*Is this a new company name since your last Carroll County renewal or application? _____
 Please note: Licensed master plumber/gas fitter, gas fitter, utility contractor can only sign permits for himself/herself or 1 company, not both, in Carroll County; the licensee can only be self-employed or be employed by 1 plumbing/gas fitter/utility company, not both at the same time for the purpose of securing permit(s), whenever the licensee has at least 1 plumbing/gas/utility permit outstanding in Carroll County.

The following section is to be completed by the license holder.

I, _____, solemnly affirm under the penalties of perjury, that I will uphold the Carroll County Plumbing Ordinance. I understand that I can not sign permits for more than one company or individual. I can not allow any unlicensed person to do plumbing/gas/utility under the authority of my license. I understand that I am responsible for having all permits under my license finalized before the permit will be cleared from my license. I understand that a violation of these requirements could result in suspension or revocation of my license.

License Mechanic Signature: _____

License Mechanic Printed Name: _____

Master Plumber:\$70.00 Master Plumber/Gas Fitter:\$100.00 Gas Fitter:\$70.00 Utility:\$50.00 Inactive:1/2Fee
 Make Checks Payable to Carroll County Commissioners

Date Rec'd _____ Amount Paid _____ Receipt # _____ Initials _____