

RETURN TO:

**BALTIMORE COUNTY PLUMBING BOARD
COUNTY OFFICE BUILDING
111 W. CHESAPEAKE AVENUE
TOWSON, MARYLAND 21204
MAIL STOP 1009**

PHONE: 410-887-3620

BOARD USE ONLY	
Received	_____
Fee	_____
Date Approved	_____
License Number	_____
Auditor Initials	_____

APPLICATION FOR DISPOSAL CONTRACTOR EXAMINATION

1. Fee of \$30.00 must accompany the application.
2. Make payable to Baltimore County, Maryland
3. Use only post office express money order, bank draft or check.
4. **DO NOT SEND CASH.**

Application form must be filled in correctly. ALL QUESTIONS must be answered in FULL. ANSWERS MUST BE IN INK. There must be no variation in the name of the applicant in any part of the application.

REQUIREMENTS:

To be eligible to apply for this exam, you must meet all of the requirements set forth by this Board.

A **notarized** letter must be attached, signed by a licensed master plumber or licensed disposal contractor, documenting years and extent of your experience in the installation of disposal systems. Additional certification may be required.

DISPOSAL SYSTEM CONTRACTORS LICENSE

The license shall be issued to a person who installs private disposal systems and components there of and is entitled to secure permits for such work. The licensee shall have a regular place of business in the State of Maryland, and shall be qualified as provided in this title.

NOTE:

Qualifications to install specialized disposal systems must meet DEPRM requirements, please call 410-887-2764 for more information.

APPLICANTS AGREEMENT

If this license is granted to me, I hereby agree to use it in strict accordance with the sections described in County Council of Baltimore County Bill, Title 23, with amendments and the Rules and Regulations of the Plumbing Board and DEPRM of Baltimore County, Maryland .

Date: _____, 20____

Please Print or Type

1. NAME: _____
Last Name First Name MI

2. PERMANENT ADDRESS: _____
Number & Street City & Zip Code

3. PHONE NUMBER: _____ DATE OF BIRTH: _____

4. Have you taken an examination for Disposal Contractor in Maryland before?
If yes, what date? _____ List where taken: _____

5. **EDUCATION**

List any special disposal system courses you have taken:

6. PRACTICAL DISPOSAL CONTRACTING EXPERIENCE: List employers affiliated with this type of business, giving your present employer first.

NAME & ADDRESS OF PRESENT AND PAST EMPLOYERS	DATE STARTED	DATE TERMINATED

7. CHECK LIST OF ITEMS TO BE SUBMITTED WITH THIS APPLICATION:

- Driver's License showing portrait and proper address.
- Copy of Disposal License in other jurisdictions (if applicable).
- A notarized letter must be attached, signed by a licensed master plumber or licensed disposal contractor documenting years and extent of your experience in the installation of disposal systems.
- Additional information provided by sanitarian inspectors in other jurisdictions.

CERTIFICATE OF APPLICANT:

I hereby certify on this _____ day of _____ 20____ that the matters and facts set forth in the foregoing application are true to the best of my information, knowledge and belief and that the above named applicant meets all the requirements as stated on this application above, set forth by the board members of Baltimore County.

Signature of Applicant _____

STATE OF MARYLAND, BALTIMORE COUNTY, SS:

This certifies, that on the _____ day of _____ 20____ before the subscriber, a _____ of the State of Maryland , personally appeared the applicant named in the foregoing, and made oath in due form of law that the statements therein are true to the best of _____ knowledge and belief.

Witness my hand and official seal

Approved- Plumbing Inspections _____