

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 LIQUID PROPANE RECIPROCAL CERTIFICATE

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.

To be eligible to receive a reciprocal certificate as covered in this application, you must meet all of the requirements set forth by this Board.

REQUIREMENTS:

PLEASE NOTE:

ALL APPLICANTS MUST call and make an appointment with the Chief Plumbing Inspector to have the completed application reviewed. Do not mail this application.

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. How long have you lived at this address? _____ Years _____ Months.

5. Your Liquid Propane Certificate Number # _____ Date Issued _____

6. Please select your reason to obtain a Baltimore County Liquid Propane Certificate.

- Operating your own company (owned by you).
- Representing a company owned (even partially) by others.
- Just want the license, not in business at present time.

A. IF OPERATING YOUR OWN COMPANY

Please submit the following:

1. NOTARIZED LETTER STATING:

- A. Name and address of company
- B. Officers of company

2. INSURANCE REQUIREMENTS:

- A. \$300,000 general liability, \$100,000 property damage (minimum)
- B. Insurance must be in **YOUR NAME**, not company name.
Example: John Doe trades as Sudsy Gasfitting, etc..
- C. **Certificate Holder** must be Baltimore County
- D. **IMPORTANT**: Baltimore County must be included in your policy as **“BALTIMORE COUNTY IS AN ADDITIONAL INSURED”** on this policy.

3. **Copy of BUSINESS LICENSE.** Not a gasfitter license. Or provide proof of established business.

4. Submit a **Copy** of the license agency you are reciprocating from: The State of Maryland. **THIS MUST BE AN ACTIVE CERTIFICATE.**

5. **Copy** of current valid driver’s license with photo.

6. White renewal card (included) filled out.

B. IF REPRESENTING A COMPANY

Please submit the following:

NOTE: The following requirements must be strictly adhered to.

1. NOTARIZED Letter on Company Letterhead signed by the Master Gasfitter and Officers of the company stating the following:

- A. That you represent the company (state name) and name of officers.
- B. That you are a full-time employee (40 hours minimum) of the Company.
- C. That you understand that you cannot operate your own company or represent another company, while representing this company.

2. INSURANCE REQUIREMENTS:

- A. \$300,000 general liability, \$100,000 property damage (minimum)
- B. Insurance must be in **YOUR NAME**, not company name.
Example: John Doe trades as Sudsy Gasfitting, etc..
- C. **Certificate Holder** must be Baltimore County
- D. **IMPORTANT**: Baltimore County must be included in your policy as **“BALTIMORE COUNTY IS AN ADDITIONAL INSURED”** on this policy.

3. **Copy of BUSINESS LICENSE.** Not a plumbing license. Or provide proof of established business.

4. Submit a **Copy** of the license agency you are reciprocating from: The State of Maryland. **THIS MUST BE AN ACTIVE CERTIFICATE.**

5. **Copy** of current valid driver's license with photo.
6. White renewal card (included) filled out.

THERE IS NO CHARGE FOR THE PROCESS OF THIS APPLICATION

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 _____