

RETURN TO:

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

**PHONE: 410-887-3620**

<b>BOARD USE ONLY</b>	
Received	_____
Fee	_____
Date Approved	_____
License Number	_____
Auditor Initials	_____

APPLICATION FOR MASTER PLUMBER RECIPROCAL LICENSE

1. License fee of \$200.00 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.

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

**REQUIREMENTS:**

You must submit a "Letter of Good Standing" from the licensing agency you're reciprocating from. You must contact either the State of Maryland or the WSSC to receive this letter. Have them mail a copy to you so that you may submit it and all other requirements with this form. This must be the original letter.

**PLEASE NOTE:**

**If you received your license after October 1, 1993**

- (A) You must submit a certificate from an approved backflow prevention course. This must be a current certificate.
- (B) If application is denied, the fee is not refundable.
- (C) **All applicants must call and make an appointment with the Chief Plumbing Inspector to have the completed application reviewed.** Do not mail in 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. Date of Examination for Master Plumber License: \_\_\_\_\_

6. Check whether test was given by:

\_\_\_\_\_ State of Maryland  
\_\_\_\_\_ WSSC

7. If you took the WSSC exam, when did you reciprocate with the State of Maryland?  
\_\_\_\_\_ (approximate date).

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8. Your Master Plumber state license # \_\_\_\_\_ Date Issued: \_\_\_\_\_

Your WSSC Master Plumber license# \_\_\_\_\_ Date Issued: \_\_\_\_\_

9. Have you ever taken an examination for Master Plumber in Baltimore County?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

10. Have you ever held a Journeyman Plumber license in Baltimore County?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give license # \_\_\_\_\_ Date Issued: \_\_\_\_\_

11. Have you ever held a Master Plumber license in Baltimore County?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

12. Please select your reason to obtain a Baltimore County Master Plumber license.

- 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
- C. List of names of all Licensed Journeymen and Apprentices and their card numbers employed with your 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 Plumbing, 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're reciprocating from: The State of Maryland or WSSC. **This must be an active license.**
5. **Copy** of current valid driver's license with photo.
6. Letter of Good Standing (from whom you are reciprocating ).
7. Copy of BFP course, if applicable.
8. Check for \$200 make payable to Baltimore County, MD (2 year license)
9. 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 Plumber 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.
  - D. List of names of all licensed Journeymen and Apprentices and their numbers working for the 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 Plumbing, 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.
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8. Check for \$200 make payable to Baltimore County, MD (2 year license)

9. White renewal card (included) filled out.

**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

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Approved- Plumbing Inspections \_\_\_\_\_