

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 MASTER GASFITTER 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 ,WSSC or Baltimore City 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:

- A. You must submit a certificate from an approved gas school, including 2lb gas. You must only show that you attended; it does not need to be active or updated.
- 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 Gasfitter License: _____

6. Check whether test was given by:

_____ State of Maryland
_____ WSSC
_____ Baltimore City

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

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

If you took the Baltimore City exam, what date did you take it? (approximately) _____

8. Your Master Gasfitter state license # _____ Date Issued: _____

Your WSSC Master Gasfitter license# _____ Date Issued: _____

9. Have you ever taken an examination for Master Gasfitter in Baltimore County?
_____ Yes _____ No

10. Have you ever held a Journeyman Gasfitter license in Baltimore County?
_____ Yes _____ No

If yes, give license # _____ Date Issued: _____

11. Have you ever held a Master Gasfitter license in Baltimore County?
_____ Yes _____ No

12. Please select your reason to obtain a Baltimore County Master Gasfitter 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 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 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’re reciprocating from: The State of Maryland, WSSC or Baltimore City. **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 2lb gas 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 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.
 - D. List of names of all licensed Journeymen 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 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’re reciprocating from: The State of Maryland, WSSC or Baltimore City. **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 2lb gas course, if applicable

- 8. Check for \$200 make payable to Baltimore County, MD (2 year license)
- 9. White renewal card (included) filled out.

CERTIFICATE OF APPLICANT:

I hearby 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 _____