

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 JOURNEYMAN GASFITTER RECIPROCAL LICENSE

1. License fee of \$105.00 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 receive a reciprocal license as covered in this application, you must meet all of the requirements set forth by this Board. 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 show that you attended; it must be active or updated.
- (B) If application is denied, the fee is not refundable.
- (C) All applications must be received 30 days prior to the day of exam.

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 Journeyman License: \_\_\_\_\_

6. Check whether test was given by:

\_\_\_\_\_ State of Maryland  
 \_\_\_\_\_ WSSC  
 \_\_\_\_\_ Baltimore City

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

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

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

8. Have you ever taken an examination for Journeyman/ Plumber Gasfitter in Baltimore County?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

Date Exam Was Taken: \_\_\_\_\_

9. **EDUCATION**

COURSE	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED

10. PRACTICAL GASFITTING EXPERIENCE: List employers. Giving your present employer first.

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

11. Submit with this application photocopies of:

1. Copy of current valid Driver's License showing photo.
2. Copy of Gas License from Baltimore City, WSSC, or State of Maryland.
3. White renewal card filled out completely.
4. Copy of 2 lb Gas School Certification

12. Submit this application with the original copy of the "Letter of Good Standing" from the licensing agency you are reciprocating from. **We will not accept a photocopy of this document.**

**CERTIFICATE OF APPLICANT:**

I hereby certify on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ that the matters and facts set forth in the afore-going 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 \_\_\_\_\_