



Department of Community Development – Planning Division

City of Mount Pearl
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Mount Pearl, NL
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PLUMBING CONTRACTORS LICENSE APPLICATION

PLEASE PRINT

Name in Full: _____

Address: _____ Postal Code: _____

Phone #: _____

Do you have a Certificate of Qualification from the Province of Newfoundland and Labrador?

Yes ____ No ____ (Please attach a copy of the Certificate to this application)

With whom did you serve your apprenticeship? _____

Have you previously held a similar license? _____

If so, give years and from whom issued: _____

Please list any Plumbing Certificates / Diplomas received: _____

Give names and addresses of several plumbing installations or jobs you have worked on in the last two years: _____

Are you a proprietor of your business? _____

DECLARATION:

I understand that I am applying for a license to perform plumbing work within The City of Mount Pearl.

I, _____ of _____
(Print Name) (Print Address)

in the Province of Newfoundland and Labrador, do solemnly declare, that I am a Journeyman Plumber and served not less than five years at the plumbing trade, and that the statements herein contained in the said application are true, and made with full knowledge of the circumstances connected with same. I make this Solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effects as if made under oath.

DECLARED before me at the City of Mount Pearl, in the Province of Newfoundland and Labrador, this

_____ day of _____

in the year of our Lord, 20_____.

Witness

Signature of Applicant