



Borough of Doylestown Building and Zoning Department  
 57 West Court Street, Doylestown, PA 18901  
 215.345.4140

**Plumber's Registration Form**

**Applicant name:** \_\_\_\_\_  
**Company Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Office Phone Number:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_

**Prior Year Doylestown Borough Registration Card Number:**

Type of Registration (Select One)		
<input type="checkbox"/>	<b>Master</b>	<b>\$100</b> You must attach a copy of your Master Plumber Board Certification to register as a Master Plumber
<input type="checkbox"/>	<b>Journeyman</b>	<b>\$50</b>
<input type="checkbox"/>	<b>Apprentice</b>	<b>\$25</b>

As required by the PA Workman's Compensation Reform Act, all contractors are required to provide proof of insurance coverage including Public Liability and Workman's Compensation coverage for all employees, as a condition of any permits issued. The Borough of Doylestown must be named as a Certificate Holder and notify as to any change in status of policy.

**Insurance Information:**

General Contractor's Liability Company:	Amount of coverage:
Workman's Compensation Company:	Amount of coverage:

I hereby apply for a 20\_\_ Borough of Doylestown Plumbers/Mechanical Registration Card in accordance with the Act of Assembly of June 7<sup>th</sup>, 1901, PL 493 and amendments thereto, including Act No. 44 of March 31, 1937, PL 168, and the Doylestown Borough Code Of Ordinances.

\_\_\_\_\_  
 Signature of Applicant  
 Date: