

**CITY OF LANCASTER, PENNSYLVANIA  
BUREAU OF CODE COMPLIANCE AND INSPECTIONS  
120 NORTH DUKE STREET, P.O. Box 1599, LANCASTER, PENNSYLVANIA 17608-1599**

Application for reciprocation of plumbing license

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone# (    ) \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

E-mail \_\_\_\_\_

Current employer \_\_\_\_\_

Current employer's address \_\_\_\_\_  
\_\_\_\_\_

Master Plumber at current employer \_\_\_\_\_

I hereby apply to the Board of Plumber Examiners for reciprocation of my current \_\_\_\_\_  
(municipality) license.

Date of examination \_\_\_\_\_ Municipality where I tested \_\_\_\_\_

Please mark appropriate boxes:

International Code Council examination  
 Master Plumber= \$200

Municipal examination  
 Journeyman Plumber= \$100

**MY SIGNATURE ON THIS APPLICATION IS ACKNOWLEDGEMENT THAT I HAVE READ AND UNDERSTAND THE PROVISIONS OF CHAPTER 215 and CHAPTER 116 OF THE CODIFIED ORDINANCES OF THE CITY OF LANCASTER, PENNSYLVANIA. I FURTHER UNDERSTAND THAT IF I VIOLATE ANY OF THESE PROVISIONS I SUBJECT MYSELF TO IMMEDIATE LEGAL ACTION.**

Signature of Applicant \_\_\_\_\_

**EMPLOYERS CERTIFICATION**

I, \_\_\_\_\_, a duly licensed master plumber engaged in the plumbing business at \_\_\_\_\_ (name of business), certify that the applicant herein has been employed by me in the plumbing trade from \_\_\_\_\_ to \_\_\_\_\_ .

SIGNATURE OF MASTER PLUMBER \_\_\_\_\_

Accept \_\_\_\_\_ Reject \_\_\_\_\_

\_\_\_\_\_  
Chairman, Board of Plumber Examiners

Revised 12/9/14