

APPLICATION OF MASTER PLUMBER FOR CERTIFICATE OF COMPETENCY AND LICENSE TO ENGAGE IN OR CARRY ON THE BUSINESS OF PLUMBING AND HOUSE DRAINAGE.

Johnstown, Pa., _____ 19 _____

TO THE BOARD OF HEALTH:

Gentlemen: I hereby make application for a certificate of competency and license to engage in or carry on the business of plumbing and house drainage in the City of Johnstown as a master plumber.

In making this application I represent * _____

My full name is _____

Residence, No _____ Street, _____

Place of Business, No _____ Street, _____

Signed _____

*Here insert the word "myself" or name of firm, company or corporation with which connected, as the case may be, and if an officer in such company or corporation, give title and position.

Johnstown, Pa., _____ 19 _____

I hereby certify that the fee required by law to accompany this application has been paid

For Finance Director.

(Ord. 4673. Passed 7-13-94.)