

**THORBURY TOWNSHIP  
DELAWARE COUNTY**

LICENSES & INSPECTIONS  
6 TOWNSHIP DRIVE  
CHEYNEY, PENNSYLVANIA 19319  
Telephone -610-399-8383

**APPLICATION FOR PLUMBER'S REGISTRATION**  
***PROOF OF INSURANCE MUST BE SUBMITTED WITH THIS FORM***

NAME OF PERSON APPLYING FOR REGISTRATION \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ CELL \_\_\_\_\_

APPLYING AS:  APPRENTICE  JOURNEYMAN  MASTER

PA HIC # \_\_\_\_\_ Expiration Date \_\_\_\_\_

COMPANY NAME (DBA) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ FAX \_\_\_\_\_

DATE AND PLACE OF TESTING TO BECOME MASTER OR JOURNEYMAN \_\_\_\_\_

LIST SCHOOLING AS APPRENTICE AND/OR JOURNEYMAN \_\_\_\_\_

YEARS SERVED AS APPRENTICE \_\_\_\_\_ AS JOURNEYMAN \_\_\_\_\_

REFERENCES (\*OTHER PA MUNICIPALITIES) \_\_\_\_\_

\*Attach copies of current registration cards for validation

If application is for Journeyman or Apprentice  
Name of responsible Master \_\_\_\_\_ TWP Registration Number \_\_\_\_\_

The following is to be completed in those cases where the party applying for certification is changing status such as Apprentice to Journeyman or Journeyman to Master

I hereby certify that the applicant for Journeyman has served at least 4 years as an Apprentice under my guidance.

I hereby certify that the applicant for Master has served at least 4 years as a Journeyman under my guidance.

Signature of Master certifying the above: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Fee Due: \_\_\_\_\_

Number Issued: \_\_\_\_\_

Date: \_\_\_\_\_ Approved By \_\_\_\_\_