

**THE ALLEN COUNTY COMBINED HEALTH DISTRICT
219 EAST MARKET STREET * P.O. BOX 1503 * LIMA, OHIO 45802-1503
PHONE # (419) 228-4457 * FAX # (419) 224-4161
www.allencountypublichealth.org**

December 1, 2016

To: Journeyman Plumbers Registered with this Department

Subject: Application for Continuing Registration

You are hereby invited to continue your registration for the calendar year 2017 providing you complete the application below, return it to this department accompanied by the registration fee of \$15.00.

Please complete all questions and affix your signature in the space provided. If you have any questions, please contact us.

Although registration is not mandatory, if you intend to perform work on commercial buildings, you will need to be registered.

I, the undersigned, do hereby make application for continued registration as a Journeyman Plumber.

I understand that a "Certificate of Competency" card will be issued to me for the calendar year of 2017.

_____	_____
Please Print Name	Signature
_____	_____
Mailing Address	City – State - Zip
_____	_____
Phone No.	Date

Employed by – Plumbing Contractor

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This space for Health Department use only

Cash \$ _____

Check # _____

Receipt # _____

Registration No. _____

Date Issued _____

