



[www.allencountypublichealth.org](http://www.allencountypublichealth.org)  
Allen County Combined Health District

**To: Journeyman Plumbers Registered with this Department**

**Subject: Application for Continuing Registration**

You are hereby invited to continue your registration for the calendar year 2020 providing you complete the application below, return it to this department accompanied by the registration fee of \$20.00.

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 2020.

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

\_\_\_\_\_  
Employed by – Plumbing Contractor

.....  
This space for Health Department use only

Cash \$ \_\_\_\_\_

Check # \_\_\_\_\_

Receipt # \_\_\_\_\_

Registration No. \_\_\_\_\_

Date Issued \_\_\_\_\_



219 E. Market Street, P.O. Box 1503, Lima, Ohio 45802-1503 | Phone: 419-228-4457 | Fax: 419-224-4161

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