

www.allencountypublichealth.org Allen County Combined Health District

Subject: Applic	ation for Continuing Registratio	on
	vited to continue your registrate and return it to us with the reg	tion for the calendar year 2023. Please complete the gistration fee of \$20.00.
Although registra WILL NEED to be		tend to perform work on commercial buildings, you
Please complete all areas and affix your signature in the space provided. If you have any questions please contact us.		
I, the undersigned	d, do hereby apply for continue	d registration as a Journeyman Plumber.
I understand that 2023, unless requ		card will be not issued to me for the calendar year of
PRINT NAME		SIGNATURE
Mailing Address		City – State - Zip
Phone No.		Date
	Employed by – Plumbin	ng Contractor
•••••	•••••	•••••
Cash	This space for Hea	llth Department use only
Credit		
Check #		
Receipt #		
Registration No.		Date Issued



To:

Journeyman Plumbers