



**ALLEN COUNTY**  
**PUBLIC HEALTH**  
Allen County Combined Health District

To: Journeyman Plumbers

Subject: Application for Continuing Registration

You are hereby invited to continue your registration for the calendar year 2024. Please complete the below application and return it to us with the registration fee of \$20.00.

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

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

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

I understand that a "Certificate of Competency" card will be not issued to me for the calendar year of 2024, unless requested.

\_\_\_\_\_

Print Name \_\_\_\_\_  
Phone Number

\_\_\_\_\_

Employed by:

\_\_\_\_\_

Business Mailing Address \_\_\_\_\_  
City – State - Zip

\_\_\_\_\_

SIGNATURE \_\_\_\_\_  
Date

\*\*\*\*\*

This space for Health Department use only

Cash \_\_\_\_\_

Credit \_\_\_\_\_

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

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

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

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

