BOROUGH OF LAURELDALE
3406 KUTZTOWN ROAD
LAURELDALE, PA 19605
Phone (610) 929-8700
Fax (610) 929-4272

Laureldale Borough License and Examination Application Form

Complete this form, attach any pertinent qualification date related to this examination for review by the board of examiners.

Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone number: _____ Social Security Number: _____

***For which license are you applying*:**

Reciprocal License___ Master Plumber___ Master Electrician___
Mechanical Contractor___ Journeyman Plumber__ Journeyman Electrician___
Mechanical Journeyman___ ACP Plumber___ AIE Electrician___
AIP Plumber___ Sprinkler Contractor___ Sprinkler Installer___

Employer: _____From: _____To: _____
Address: _____ License # of master contractor_____
_____Name of Master: _____
Phone Number: _____ _____
Employer: _____From: _____To: _____
Address: _____ License # of master contractor_____
_____Name of Master: _____
Phone Number: _____ _____
Employer: _____From: _____To: _____
Address: _____ License # of master contractor_____
_____Name of Master: _____
Phone Number: _____ _____

Have you been tested prior to this application? Yes___ No___ Date/Place_____

Do you currently hold any of the above licenses in a 1st, 2nd or 3rd Class city? Yes__ No__

If yes, please specify the type of license: _____
Place of issuance: _____Date of issuance: _____

NOTE: ALL APPLICATIONS FOR EXAMINATION MUST BE RECEIVED BY THE CODES OFFICE AT LEAST THIRTY (30) DAYS PRIOR TO THE TEST DATE. APPLICATION FEE RECEIPT MUST BE PRESENTED AT APPLICANT SCREENING. PHOTO IDENTIFICATION REQUIRED AT TEST SITE. ANY FRAUDULENT INFORMATION FOUND IN APPLICATION WILL VOID THE ENTIRE APPLICATION. ALL EXAMINATION FEES ARE NON-REFUNDABLE.

Affidavit/Subscribed and sworn before me this ____day of _____20____
Signature in ink of person administering oath: _____
My Commission Expires: _____ Municipality: _____
County: _____
Applicant Signature in ink: _____