



PLUMBER REGISTRATION APPLICATION FORM

City of Auburn Department of Building, Planning and Development
210 S. Cedar Street, P.O.Box 506, Auburn, Indiana 46706-0506
Phone #(260) 925-6449 Fax #(260) 920-3342 Email: bpd@ci.auburn.in.us

Fill out the form below and return to the address above.

Please provide a copy of your current state license along with the registration form.

Plumber Registration fee for calendar year 20____: **\$20.00**

Fill out the form below:

I, _____ do hereby apply for a
(Plumbing Contractor name and Company name)

Plumber's City of Auburn License #: _____

My Business Address is: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

State of Indiana Plumbing Commission license number: _____

I am of good character and reputation and skilled in the profession of Plumbing; and am willing to be governed by the City of Auburn, Indiana and Ordinances relative to such work under the license herein sought.

Signature: _____ **Date:** _____

Expired Registration No. _____ *(Reference previous year's Plumbing Registration License)*
(If Applicable)

<u>FOR OFFICE USE ONLY</u>	
Registration Number:	_____
Date Registration Issued:	_____
By:	_____
Receipt # _____	Cash _____ Check # _____