

# CITY OF JACINTO CITY PLUMBERS REGISTRATION

TYPE OF STATE LICENSE      MASTER      JOURNEYMAN

STATE LICENSE# \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE# WORK: \_\_\_\_\_ HOME OR CELLULAR: \_\_\_\_\_

A COPY OF STATE LICENSE MUST BE ATTACHED

A COPY OF CURRENT INSURANCE IS REQUIRED

REGISTRATION EXPIRES ON DECEMBER 31 OF THE YEAR ISSUED

I CERTIFY THAT THE INFORMATION ABOVE IS CORRECT.

\_\_\_\_\_  
REGISTRATION APPLICANT

DATE: \_\_\_\_\_

\_\_\_\_\_  
CLERK