



City of Cincinnati
 Buildings and Inspections Department
 Plumbers Board of Examiners
 805 Central Avenue, Suite 500
 Cincinnati, Ohio 45202

phone: (513)352-3281 email: ian.franke@cincinnati-oh.gov

APPROVED: _____
 REJECTED: _____
 PRACTICAL: _____
 NO PRACTICAL: _____

This application will be reviewed by the Plumbers Board of Examiners. The applicant will be notified via mail, the time and place of the examination. The examination will be based on the most current plumbing code.

Applicant Name _____
Street Address _____
City _____ **State** _____ **Zip** _____
Phone Business _____ Home _____ Cell _____
Email Address _____

Apprentice School	
School Name	_____
Dates Attended	From: _____ To: _____
<i>**Please enclose a copy of the Certificate of Completion or a letter of completion from the apprenticeship school**</i>	
Journeyman License	
City/State	_____ License No: _____
Dates Held	From: _____ To: _____
<i>**Please enclose a copy of the current license and original certificate**</i>	
Master License	
City/State	_____ License No: _____
Dates Held	From: _____ To: _____
<i>**Please enclose a copy of the current license and original certificate**</i>	
Current Employer	
Current Employer	_____ Phone _____
Street Address	_____
City	_____ State _____ Zip _____

I, the undersigned, do hereby certify that the information supplied on this application is true and correct, to the best of my knowledge. In accordance with 1105-21 of the Cincinnati Building Code, I hereby make application for examination for certification as Journeyman Plumber:

APPLICANT SIGNATURE: _____