

TOWNSHIP OF
MIDDLETOWN
BUCKS COUNTY

BUILDING & ZONING DEPT. FAX #215-750-3817

2

2026 MASTER PLUMBER'S LICENSE APPLICATION

MASTER PLUMBER FEE \$150.00

JOURNEYMAN FEE \$60.00

APPRENTICE FEE \$50.00

Liability Insurance Expiration Date _____

License# _____

Worker's Compensation Expiration Date _____

Temp License# _____

Temporary License Issue Date _____

Temp License Expiration Date _____

PLEASE COMPLETE IN FULL:

NAME OF BUSINESS _____

APPLICANT NAME _____

ADDRESS _____

PHONE# _____ (PLEASE PRINT)
FAX# _____

RCC# _____ If you have no RCC#, have you signed up for the RCC Test? () Yes () No For What Date? _____

*Other Jurisdiction License# (Philadelphia, New Jersey, Doylestown, Abington, etc.) * License# _____

*****YOU MUST SUPPLY A COPY OF THIS LICENSE ALONG WITH YOUR APPLICATION*****

JOURNEYMEN'S NAME _____ RCC# _____

_____ RCC# _____

_____ RCC# _____

APPRENTICE NAME _____

CERTIFICATE OF LIABILITY INSURANCE MUST BE INCLUDED WITH YOUR APPLICATION. THE MASTER PLUMBER'S NAME MUST BE SHOWN ON THE CERTIFICATE AS WELL AS MIDDLETOWN TOWNSHIP'S FULL NAME & ADDRESS AS CERTIFICATE HOLDER.

I certify that I am the owner of the business known as _____ (or a duly authorized representative of a corporation) with an established place of business and that I will be legally responsible that all plumbing work performed under my supervision will comply with all laws, ordinances, rules and regulations governing same.

PLEASE PRINT NAME

SIGNATURE

DATE

IF YOU DO NOT HAVE AN RCC#, PLEASE SUPPLY US WITH A CURRENT COPY OF YOUR MASTER PLUMBER'S LICENSE YOU HAVE WITH ANOTHER JURISDICTION. YOUR MIDDLETOWN TOWNSHIP LICENSE WILL BE GOOD FOR THREE MONTHS FROM DATE OF ISSUANCE AND IN ORDER TO KEEP YOUR LICENSE ACTIVE, YOU NEED TO SUBMIT PAYMENT OF \$100.00 EVERY THREE MONTHS THEREAFTER.

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WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

A) The applicant is a contractor within the meaning of the Pennsylvania Worker's Compensation Law: () YES () NO

IF THE ANSWER IS YES, COMPLETE SECTION B OR C BELOW AS IS APPROPRIATE

B) IF YOU CARRY WORKER'S COMPENSATION INSURANCE, COMPLETE BELOW IN FULL:

Worker's Compensation Insurance Information:

Name of applicant/firm _____

Federal or State Employer Identification# _____

Applicant is a qualified self-insurer for worker's compensation:

() Certificate of Insurance attached () Certificate of Insurance still currently on file () Certificate of Insurance to be provided

Name of Worker's Compensation Insurer _____

Worker's Compensation Insurance Policy# _____

Policy Expiration Date _____

1 UNDERSTAND THAT IT IS MY DUTY TO INFORM MY INSURER THAT MIDDLETOWN TOWNSHIP MUST BE NOTIFIED IF MY WORKERS' COMPENSATION INSURANCE IS CANCELLED.

Name of Business _____ Authorized Signature _____

C) COMPLETE BELOW IF THE APPLICANT IS A CONTRACTOR CLAIMING EXEMPTION FROM PROVIDING WORKER'S COMPENSATION INSURANCE:

The undersigned swears or affirms that he/she is **not** required to provide Workers' Compensation Insurance under the provision of the Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

() Contractor with **NO** employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to Middletown Township.

() Religious exemption under the Workers' Compensation Law.

NAME OF FIRM _____

ADDRESS _____

PHONE# _____

APPLICANT SIGNATURE _____

(SIGNATURE OF NOTARY PUBLIC)

MY COMMISSION EXPIRES _____

(NOTARY SEAL)

SUBSCRIBED & SWORN BEFORE ME:

Date _____