

THE COMBINED ALLEN COUNTY GENERAL HEALTH DISTRICT
219 EAST MARKET STREET * P.O. BOX 1503 * LIMA, OHIO 45802-1503
PHONE #(419) 228-4457 * FAX #(419) 224-4161

December 1, 2007

To: Journeyman Plumbers Registered with this Department

Subject: Application for Continuing Registration

You are hereby invited to continue your registration for the calendar year 2008 providing you complete the application below, return it to this department accompanied by the registration fee of \$15.00 dollars.

Please complete the application and affix your signature in the space provided. If you have any questions, please contact us.

Although registration is not mandatory, if you intend to perform work on commercial buildings, you will need to be registered.

Cash \$ _____

Check # _____

Receipt # _____

I, the undersigned, do hereby make application for continued registration as a Journeyman Plumber.

I, understand that a "Certificate of Competency" card will be issued to me for the calendar year of 2008.

_____	_____
Please Print Name	Signature
_____	_____
Mailing Address	City – State - Zip
_____	_____
Phone No.	Date

Employed by – Plumbing Contractor

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This space for Health Department use only

Registration No. _____

Date Issued _____

