City of Toledo

Economic Development
Building Inspection
One Government Center
Suite 1600
Toledo, Ohio 43604
phone 419-245-1220
fax 419-245-1329
toledo.oh.gov

APPLICATION FOR **PLUMBING/HYDRONICS** EXAM / REGISTRATION

☐ APPRENTICE REGISTRATION (If program through state, indenture papers must be attached to application)
REGISTRATION FEE $25.00
☐ Plumber ☐ Hydronics

☐ JOURNEYMAN PLUMBER (Need proof of graduation from Apprentice Program w/hrs)
EXAM FEE$100.00
☐ Plumbing I ☐ Plumbing II ☐ Plumbing I & II

☐ JOURNEYMAN HYDRONICS (Need proof of graduation from Apprentice Program w/hrs)
EXAM FEE$100.00

☐ TRAVELER JOURNEYMAN (submit proper documentation, same as Journeyman above)
REGISTRATION FEE $100.00

PRINT LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ LAST 4 OF SOCIAL SECURITY NUMBER: _____

PHONE ( ) _____E-MAIL: _____

PLEASE INDICATE THE REQUIREMENTS YOU MEET BELOW AND PROVIDE DOCUMENTATION AS PROOF.

☐ ENROLLED IN APPROVED APPRENTICE PROGRAM _____
☐ COMPLETED RECOGNIZED APPRENTICE PROGRAM AT _____
☐ JOURNEYMAN CERTIFICATE BY TESTING IN _____ JURISDICTION (CITY)
☐ HAVE CERTIFICATE OF COMPLETION – SUBMIT COPY
☐ WORKED AS JOURNEYMAN PLUMBER 5 CONSECUTIVE YEARS

ADDITIONAL LICENSES OR QUALIFICATIONS I HAVE: _____

APPLICANT'S SIGNATURE_____ **{MUST BE NOTARIZED BELOW} DATE**_____

Sworn to and subscribed to before me this_____**day of**_____**, 20**_____**in the State of Ohio,**

County of _____ _____ **{notary public}**

YOU MUST COMPLETE THE EMPLOYMENT HISTORY SHEET ON THE REVERSE SIDE OF THIS APPLICATION.

ALL DOCUMENTATION MUST BE SUBMITTED AT SAME TIME AS THE APPLICATION {COPIES OF MUNICIPAL LICENSES, CONTRACTOR LETTERS OR PROOF OF QUALIFICATION}.

EXAMINATION/REGISTRATION FEE {PAYABLE TO CITY OF TOLEDO} MUST ACCOMPANY APPLICATION. MAIL OR HAND DELIVER TO ONE GOV. CTR., SUITE 1600; TOLEDO, OH 43604

FOR OFFICE USE ONLY

BOARD OF CONTROL / ADMINISTRATION APPROVAL ☐ DISAPPROVAL ☐

REASON for disapproval_____Date _____

TEST DATE _____ **NO SHOW** ☐ **PASSED** ☐ **FAILED** ☐

EMPLOYMENT HISTORY FORM REQUIRED WITH THIS APPLICATION

EMPLOYERS starting with most recent - NAME AND ADDRESS	From MO YR	To MO YR	Position and Nature of Work	Reason for Leaving

EMPLOYMENT HISTORY FORM REQUIRED WITH THIS APPLICATION