2021 PLUMBING REGISTRATION APPLICATION

City of Elkhart, Indiana
229 S. Second St.
Elkhart, In 46516
574-294-5471
www.elkhartindiana.org

***THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSE HOLDER BEFORE REGISTRATION WILL BE APPROVED.**

TYPE OF APPLICATION: **(CIRCLE ONE)** NEW RENEWAL DATA CHANGE

(PLEASE PRINT CLEARLY & FILL IN ALL AREAS)

NAME: _____
LAST FIRST MI

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

STATE PLUMBING LICENSE#: _____ EXPIRATION DATE: _____

DRIVERS LICENSE OR STATE ID#: _____ ISSUING STATE: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ FAX NUMBER: _____

Notification in writing is required when making any information changes above.
The undersigned states that all of the above information is true and correct.

SIGNED: _____ DATE: _____

****OFFICE USE ONLY****

RECIEPT# _____ BOND RECIEVED: _____ AMOUNT: _____