

2025 PLUMBING LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5474 www.elkhartindiana.org

TYPE OF APPLICATION (check one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

LICENSEE NAME (first, middle initial, last): _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE: _____ E-MAIL: _____

STATE PLUMBING LICENSE #: _____ EXPIRATION DATE: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WORK PHONE: _____ E-MAIL: _____

**THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR
THE LICENSE TO BE ISSUED.**

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE.
THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF LICENSEE: _____ DATE: _____

OFFICE USE ONLY:

ACCEPTED BY: _____ DATE: _____

BOND RECEIVED: _____ LICENSE # _____ FEE PAID: _____