



# City of Columbus Building Department

Phone: 402-562-4236  
[www.columbusne.us](http://www.columbusne.us)

## APPLICATION FOR RESIDENT PLUMBERS REGISTRATION

The undersigned makes application for:

- MASTER Plumber's Registration                      \$55.00 Fee
- JOURNEYMAN Plumber's Registration                      \$27.50 Fee
- APPRENTICE Plumber's Registration                      \$16.50 Fee

in the City of Columbus, Nebraska, for the municipal year beginning **May 1, 2023** and ending **April 30, 2024** in accordance with provisions of Ordinance No. 90-43 and 92-29 of said City.

**A Certificate of Liability Insurance for \$1,000,000 naming the City of Columbus and additional insured is attached (Master Plumber)  Yes  No**

(If "No" is checked, this item must be on file with the City for registration to be approved)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Residence Address)

\_\_\_\_\_  
(Business Name)

\_\_\_\_\_  
(Business Address)

### This Section for City Use:

Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Inspector)



# APPLICATION FOR REGISTRATION AS A MASTER OR JOURNEYMAN PLUMBER

(Circle the one you are applying for)

CITY OF COLUMBUS, NEBRASKA

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HAVE YOU SERVED AN APPRENTICESHIP? \_\_\_\_\_  
(yes or no)

YEARS AS APPRENTICE \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME AND ADDRESS OF EMPLOYERS DURING APPRENTICESHIP

	<u>EMPLOYER</u>	<u>ADDRESS</u>	<u>FROM/TO</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

HAVE YOU A JOURNEYMAN'S LICENSE OR REGISTRATION? \_\_\_\_\_  
(yes or no)

DATE YOU FIRST RECEIVED YOUR JOURNEYMAN'S LICENSE \_\_\_\_\_

ISSUING CITY \_\_\_\_\_

IS LICENSE STILL VALID \_\_\_\_\_  
(yes or no)

NAME AND ADDRESS OF EMPLOYERS AS A JOURNEYMAN

	<u>EMPLOYER</u>	<u>ADDRESS</u>	<u>FROM/TO</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

NAME AND ADDRESS OF PRESENT EMPLOYER \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU A MASTER'S LICENSE? \_\_\_\_\_  
(yes or no)

WHERE ISSUED \_\_\_\_\_

DATE FIRST ISSUED \_\_\_\_\_

IS LICENSE STILL VALID \_\_\_\_\_  
(yes or no)

THE DECISION OF THE PLUMBING BOARD IS FINAL.

\_\_\_\_\_  
Signature of Applicant

GIVE NAMES AND ADDRESSES OF THREE RESPONSIBLE PERSONS (NOT RELATIVES)  
WHO HAVE KNOWN YOU AT LEAST FIVE YEARS:

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
BUSINESS \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
BUSINESS \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
BUSINESS \_\_\_\_\_