



City of Columbus Building Department

Phone: 402-562-4236
www.columbusne.us

APPLICATION FOR NON-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 _____

APPLICATION FOR REGISTRATION AS AN APPRENTICE PLUMBER

CITY OF COLUMBUS, NEBRASKA

DATE: _____

NAME: _____ HOME ADDRESS: _____

PHONE: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____

NAME AND ADDRESS OF EMPLOYERS DURING APPRENTICESHIP

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

NAME AND ADDRESS OF PRESENT EMPLOYER _____

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 _____