



**Caroline County Planning & Codes Admin.
Plumbing Board
Health & Public Services Building
403 South 7th Street, Suite 210
Denton, Maryland 21629-1335**

**Tel: 410-479-8100
Fax: 410-479-4187
Email: crystal@co.caroline.md.us
Crystal L. Porter, Licensing Clerk**

RENEWAL APPLICATION FOR PLUMBER'S LICENSE

- MASTER** \$ 40 TWO-YEAR TERM
- JOURNEYMAN** \$ 20 TWO-YEAR TERM

OFFICE USE ONLY

RECEIVED _____
RECEIPT NO _____
PENDING _____
MAILED _____
EXPIRATION _____

ALL LICENSES SHALL EXPIRE ON THE LAST DAY OF JUNE NOT LESS THAN 13 MONTHS AND NO MORE THAN 25 MONTHS FOLLOWING THE DATE OF ISSUANCE

LICENSEE INFORMATION

FULL NAME: _____

PLEASE CHECK IF THIS PERSON IS TO BE LICENSED AS A **QUALIFIED AGENT** AND LIST THE COMPANY BELOW TO WHICH YOU WILL ASSIGN YOUR LICENSE.

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ EMAIL: _____

CAROLINE COUNTY LICENSE NO: _____ MARYLAND STATE LICENSE NO: _____

COMPANY INFORMATION

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

BUSINESS PHONE: _____ FAX: _____

INSURANCE INFORMATION

THE MINIMUM AMOUNTS OF INSURANCE COVERAGE REQUIRED PER OCCURRENCE IS AT LEAST **\$400,000** AND CONSIST OF: GENERAL LIABILITY INSURANCE IN THE AMOUNT OF AT LEAST \$300,000 **AND** PROPERTY DAMAGE INSURANCE IN THE AMOUNT OF AT LEAST \$100,000. THE CERTIFICATE HOLDER SHOWN SHALL BE THE **CAROLINE COUNTY PLUMBING BOARD, 403 SOUTH 7TH STREET, SUITE 210, DENTON, MD 21629**. THE CERTIFICATE OF INSURANCE SHALL REFLECT THE NAME AND PERMANENT LICENSE NO. OF THE LICENSED PERSON BEING INSURED AS A PART OF THE POLICY, AND THE POLICY SHALL BE WRITTEN THROUGH A COMPANY APPROVED BY THE MARYLAND STATE INSURANCE ADMINISTRATION TO ISSUE SUCH POLICIES IN MARYLAND.

PURSUANT TO MARYLAND LAW, ANY MASTER PLUMBER INSURED TO CONTRACT WORK WHO FAILS TO MAINTAIN THE REQUIRED LIABILITY AND PROPERTY DAMAGE INSURANCE SHALL BE SUBJECT TO A FORMAL HEARING WHICH MAY RESULT IN THE SUSPENSION OR REVOCATION OF THEIR LICENSE.

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF. I FURTHER AUTHORIZE THE RELEASE OF ANY INFORMATION CONTAINED WITHIN THIS APPLICATION TO AN AUTHORIZED REPRESENTATIVE OF THE CAROLINE COUNTY PLANNING & CODES ADMINISTRATION FOR FURTHER INVESTIGATION.

SIGNATURE: _____ DATE: _____