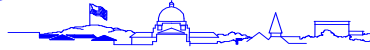


CITY OF ALTOONA



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SUITE 103
ALTOONA PA 16601

inspections@altoonapa.gov

PHONE (814) 949-2456
FAX (814) 949-2203

DEPARTMENT OF CODES & INSPECTIONS

PLUMBING AND ELECTRICAL EXAMINERS BOARD APPLICATION

APPLYING FOR (Circle One): **EXAMINATION** **RECIPROCITY** **ONE-TIME PERMIT**

NAME: _____

ADDRESS: _____

EMAIL: _____

TELEPHONE: _____

COMPLETE FOR EXAMINATION:

APPLYING TO TAKE ICC EXAMINATION FOR THE FOLLOWING: (CHOOSE ONE)

- | | |
|---|---|
| <input type="checkbox"/> JOURNEYMAN PLUMBER | <input type="checkbox"/> MASTER PLUMBER |
| <input type="checkbox"/> JOURNEYMAN ELECTRICIAN | <input type="checkbox"/> MASTER ELECTRICIAN |

COMPLETE FOR RECIPROCITY:

APPLYING FOR WHICH LICENSE: (CHOOSE ONE)

- | | |
|---|---|
| <input type="checkbox"/> JOURNEYMAN PLUMBER | <input type="checkbox"/> MASTER PLUMBER |
| <input type="checkbox"/> JOURNEYMAN ELECTRICIAN | <input type="checkbox"/> MASTER ELECTRICIAN |

COMPLETE FOR ONE-TIME PERMIT:

PROJECT NAME: _____

PROJECT ADDRESS: _____

WORK TO BE CONDUCTED: _____

COMPANY NAME: _____

MASTER NAME (MUST PROVIDE MASTER LICENSE) _____

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT COPIES OF ALL LICENSES, EXAM RESULTS, TRAINING CERTIFICATES, PAYROLL RECORDS, DOCUMENTATION OF WORK EXPERIENCE. YOU MAY ALSO SUBMIT ANY ADDITIONAL MATERIAL RELEVANT TO YOUR REQUEST.

Signature

Date

This Application for Examination must be reviewed by the City of Altoona Plumbing and Electrical Examiners Board. For Examination requests, an assessment may be conducted by the Board. For One-Time Permit requests, insurance information is required. We will contact you following the Board's decision. If approved, further information will be forwarded to you for either examination, reciprocity or one-time permit.