

CITY OF COLUMBIA, MISSOURI
BOARD OF PLUMBING EXAMINERS
APPLICATION FOR APPRENTICE LICENSE

I hereby apply for an apprentice license for the following person:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

I understand that I am responsible for this applicant's work and that he/she may be employed on a job site, on a three (3) apprentices to one (1) ratio with a journeyman or contractor.

I also understand it is the responsibility of the contractor to recover this license in the event of termination of employment and return to the Building & Site Development.

Date of Application

Company employing Apprentice

Printed name of Master Plumber

Signature of Master Plumber

FOR OFFICE USE ONLY

License No. _____

Contractor's Name _____

Date of issue: _____

Company Name _____