

**Dover Borough**  
**46 Butter Road, Dover, PA 17315**  
**(717)292-6530 \* Fax (717)292-7010**  
**Email – Doverboro@comcast.net**

**APPLICATION FOR PLUMBER’S LICENSE**

**\*\*\*Only one license is required per business, but the primary plumber working in the Borough should be the one to obtain the license.**

Applicant’s Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone # \_\_\_\_\_

\*Applicant must show proof of Master License, or a license issued from Dover Township, York City, Springettsbury Township or equivalent.

I, the undersigned, hereby swear and affirm that the information contained on the application is true and correct under penalty of Law 4906 of the Pennsylvania Crime Code.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**OFFICE USE ONLY**

License No. 20\_\_\_\_ - \_\_\_\_\_ Plumbers Card Issued On: \_\_\_\_\_

Granted by: \_\_\_\_\_

**\* ATTACH COPY OF LICENSE, OR COPY IN SPACE BELOW OR ON REVERSE SIDE –**