

**ST LOUIS COUNTY MISSOURI
BOARD OF PLUMBING EXAMINERS
DECLARATION OF LICENSE ASSIGNMENT
COMPANY/LICENSE REGISTRATION**

Effective Date of Registration: _____

Company Name: _____

Company Address: _____
(Number & street or PO Box) (City) (state & zip)

Company Phone: _____ Fax # _____

e-mail address: _____

| | | | |
|--------------------------|--|---------------|--|
| FEDERAL ID NUMBER | | | |
| CORPORATION ID # | | STATE: | |

I am licensed as: (please check only one)

- | | |
|--|---|
| <input type="checkbox"/> Master Plumber | <input type="checkbox"/> Master Drainlayer |
| <input type="checkbox"/> Master Pipefitter | <input type="checkbox"/> Master Sprinklerfitter |
| <input type="checkbox"/> Master Lawn Irrigation System Installer | <input type="checkbox"/> Master Water Heater Replacement Specialist |

Licensee Name: _____
(last) (suffix) (first) (mi)

Social Security Number: _____ - - - - -
(---) (---)

Home Address: _____
(Number & street or PO Box) (City) (state & zip)

Home Phone: _____ Fax # _____

I do hereby certify that I am the owner or part owner of the above company/corporation, or I am a full time employee of the above company/corporation, and that I am authorized to act on behalf of the above company/corporation, in all matters pertaining to the St. Louis Plumbing Code Ordinance requirements of the license that is held by me. **I will notify the St. Louis County Plumbing License office immediately if my registration with the above company is terminated, or if there are any changes in the above information.**

Signature: _____

Date: _____