

**WASHINGTON TOWNSHIP MUNICIPAL AUTHORITY  
PLUMBER REGISTRATION FORM**

Name of Registrant: (Print) \_\_\_\_\_

Self-employed:     YES    NO

If not Self-employed, State Name, Address and Telephone Number of Employer, Company:

\_\_\_\_\_

\_\_\_\_\_

Your Address: \_\_\_\_\_

\_\_\_\_\_

Your Phone Number/ Cell Number \_\_\_\_\_

Qualifications of Registrant:

(1)    Do you hold a valid Plumbing License?    YES    NO  
            If yes, please attach a copy to form

(2)    Have you been employed for less than five (5) years as a Plumber?  
             YES    NO  
            If yes, detail work experience as a Plumber:

(3)    Do you maintain a Blanket Payment and/or Performance Bond?  
             YES    NO  
            If yes, state amount, term, surety, and attach certificate.

(NOTE: General Liability Insurance of a Minimum \$300,000 & \$100,000 is required for work in a Public-Right-Of-Way.)

(4)    Do you agree to abide by the rules and regulations of the Washington Township Municipal Authority and the Washington Township?    YES    NO

**NOTE: THE AUTHORITY WILL NOT BE RESPONSIBLE IN ANY WAY FOR WORK DONE BY THOSE ON THE REGISTRY LIST.**

**THE UNDERSIGNED HEREBY CERTIFIES THAT THE FACTS SET FORTH IN THE WITHIN PLUMBER REGISTRATION FORM ARE TRUE AND CORRECT.**

Registrant: \_\_\_\_\_

DATE \_\_\_/\_\_\_/\_\_\_

Witness: \_\_\_\_\_

DATE \_\_\_/\_\_\_/\_\_\_