

Plumbing License Reinstatement Application

Applicant Information

Full Name:

License Number:

Social Security Number:

Date of Birth:

Contact Information

Address:

City:

State:

ZIP Code:

Phone Number:

Email:

License Information

Date License Expired:

Reason for Reinstatement:

Certification

☐ I hereby certify that the information provided is true and correct to the best of my knowledge.

Submit Application