



Application for a Gasfitters License

FOR GASFITTING WORK ONLY

Please type or print clearly. Incomplete applications cannot be processed.

Date \_\_\_\_\_

Please check one:

New \_\_\_\_\_ Renewal \_\_\_\_\_

Name of Individual to be licensed: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Company trading for: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Previous Address: \_\_\_\_\_
\_\_\_\_\_

Sworn and subscribed to before me this \_\_\_\_\_ day of [month], 20 \_\_\_\_\_.
[Notary Seal] Notary Public My Commission expires \_\_\_\_\_

Please email application to permits@rockvillemd.gov

SEE REVERSE SIDE FOR REQUIREMENTS

OFFICE USE ONLY

Rockville License \_\_\_\_\_

WSSC license # \_\_\_\_\_

Date Processed \_\_\_\_\_

Bond Submitted \_\_\_\_\_

Insurance Submitted \_\_\_\_\_

## **PLEASE INCLUDE WITH YOUR APPLICATION**

1. **Proof of Insurance (provide at least one)**
  - \$5,000 performance bond made out in the individual's name, or
  - Proof of insurance with a minimum of \$300,000 general liability and \$100,000 property damage coverage. The individual's name must appear on this certificate and it must show as the certificate holder:

**City of Rockville  
Inspection Services Division  
111 Maryland Avenue  
Rockville, MD 20850**

2. **License for reciprocity.**  
A copy of your Washington Suburban Sanitary Commission (WSSC) Gasfitter's License.
3. **Payment.**  
\$107.75 to be paid electronically

FAILURE TO MAINTAIN THE REQUIRED INSURANCE AT ANY TIME WILL RESULT IN IMMEDIATE  
INVALIDATION OF THE LICENSE.

Please call 240-314-8240 with any questions you may have.