



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 mail or deliver to City of Rockville Inspection Services Division, 111 Maryland Avenue, Rockville MD 20850.

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.**
\$105.00 check or money order, made payable to "City of Rockville".

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.