City of Rockville
Get Into It

City of Rockville
Department of Community Planning and Development Services
Inspection Services Division
240-314-8240
www.rockvillemd.gov/isd

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 _____

Date Processed _____

WSSC license # _____

Bond Submitted _____

Insurance Submitted _____