



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

Application for a Master Plumber's License

YOU MUST HAVE A CURRENT MARYLAND STATEWIDE MASTER PLUMBERS LICENSE

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

Date _____

Please check one:

New _____ Renewal _____
Rockville License Number _____

Name of Individual to be licensed: _____

Signature: _____

Name of Company trading for: _____

Business Address: _____

Phone: _____ Email: _____

Previous Address: _____

Current Active State of Maryland License #/WSSC # _____

Sworn and subscribed to before me this _____ day of [month], 20____.

[Notary Seal]

Notary Public

My Commission expires _____

Please email to Permits@rockvillemd.gov

OFFICE USE ONLY

Rockville License _____ Date Processed _____