

**CITY OF READING, PENNSYLVANIA  
LICENSE & EXAMINATION APPLICATION FORM**

COMPLETE THIS FORM (**PRINT IN INK OR TYPE**) ATTACH ANY PERTINENT QUALIFICATION DATE RELATED TO THIS EXAMINATION FOR REVIEW BY THE BOARD OF EXAMINERS.

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_  
 AREA CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

FOR WHICH LICENSE ARE YOU APPLYING?

RECIPROCAL LICENSE

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> MASTER PLUMBER     | <input type="checkbox"/> MASTER ELECTRICIAN     | <input type="checkbox"/> MECHANICAL CONTRACTOR |
| <input type="checkbox"/> JOURNEYMAN PLUMBER | <input type="checkbox"/> JOURNEYMAN ELECTRICIAN | <input type="checkbox"/> MECHANICAL JOURNEYMAN |
| <input type="checkbox"/> ACP PLUMBER        | <input type="checkbox"/> AIE ELECTRICIAN        | <input type="checkbox"/> SPRINKLER CONTRACTOR  |
| <input type="checkbox"/> AIP PLUMBER        |   | <input type="checkbox"/> SPRINKLER INSTALLER   |

EMPLOYER: _____	FROM: _____	TO: _____
ADDRESS: _____	LICENSE # OF MASTER/CONTRACTOR: _____	
PHONE NUMBER: _____	NAME OF MASTER: _____	
EMPLOYER: _____	FROM: _____	TO: _____
ADDRESS: _____	LICENSE # OF MASTER/CONTRACTOR: _____	
PHONE NUMBER: _____	NAME OF MASTER: _____	
EMPLOYER: _____	FROM: _____	TO: _____
ADDRESS: _____	LICENSE # OF MASTER/CONTRACTOR: _____	
PHONE NUMBER: _____	NAME OF MASTER: _____	

HAVE YOU BEEN TESTED PRIOR TO THIS APPLICATION? YES \_\_\_\_\_ NO \_\_\_\_\_  
 DATE AND PLACE \_\_\_\_\_

DO YOU CURRENTLY HOLD ANY ABOVE LICENSE IN A FIRST, SECOND, OR THIRD CLASS CITY?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, SPECIFY THE TYPE OF LICENSE: \_\_\_\_\_  
 PLACE OF ISSUANCE: \_\_\_\_\_ DATE OFF ISSUANCE: \_\_\_\_\_

**NOTE: ALL APPLICATIONS FOR EXAMINATION MUST BE RECEIVED BY THE CODES OFFICE AT  
 LEAST THIRTY (30) DAYS PRIOR TO THE TEST DATE. APPLICATION FEE RECEIPT MUST BE  
 PRESENTED AT APPLICANT SCREENING. PHOTO IDENTIFICATION REQUIRED AT TEST SITE.  
 ANY FRAUDULENT INFORMATION FOUND IN APPLICATION WILL VOID THE ENTIRE  
 APPLICATION. ALL EXAMINATION FEES ARE NON REFUNDABLE.**

AFFIDAVIT/SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____ 20_____ SIGNATURE IN INK OF PERSON ADMINISTERING OATH: _____ MY COMMISSION EXPIRES: _____ MUNICIPALITY: _____ COUNTY: _____ APPLICANT SIGNATURE IN INK _____
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