



For Office Use Only
REGP2010 _____

2010

REGISTER STATE OF IOWA PLUMBING LICENSE

The City of Johnston will accept only State of Iowa Plumbing licenses. Please attach a readable copy of this license.

Business Name: _____

Manager or Owner (Applicant) PLEASE PRINT: _____

Business Address: _____

Street City Zip+4

BUSINESS PHONE: _____ Cell _____ MOBILE _____

STATE OF IOWA LICENSE # _____ EXPIRATION DATE _____ CLASS _____

x _____

Signature of Manager or Owner (Applicant) Date

Please list anyone else with your company that has authorization to sign plumbing permits: _____, _____, _____, _____, _____.

City of Johnston **Plumbing Registration Expires** every year on December 31.

ATTACH COPY TO THIS FORM:

- a. STATE OF IOWA LICENSE