



Maryland State License # _____

County License # _____

Dorchester County Plumbing License Application

License Term: 10/15/19 – 10/14/20

****INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED****
Please print as legibly as possible. Thank you.

License Holder's Name: _____

Company Name: _____

Company Address: _____

Company Phone #: _____ Fax #: _____

Home Address: _____

Home Phone #: _____ Other Phone #: _____

Email Address: _____

Along with this application, please submit the following:

1. Check/money order, made payable to “**Dorchester County**”, in the amount of \$75.00. (*Please note fees will **not** be prorated.*)
2. Enclose a copy of your **original** Maryland State Plumbing license. (If you have misplaced your original, please contact the State Board directly, to obtain another one.)
3. Copy of your current insurance certificate/proof of insurance. Plumber's name and company name should be shown on the insurance certificate with “**Dorchester County Planning & Zoning**” as the Certificate Holder. **Please have your insurance company put your County license number (unless a new license application) on the certificate as well. Your name **MUST** appear as licensee.**
4. Return all of the above to:
Dorchester County Planning & Zoning
501 Court Lane, Room 111
PO Box 107
Cambridge MD 21613

Applicant Signature: _____

Date: _____