PLUMBING CONTRACTOR
TRADES LICENCE APPLICATION FORM
SCHEDULE “A-1” TO BY-LAW NUMBER 181-2004

☐ New Application   ☐ Renewal

PAYMENT CAN BE MADE IN FULL FOR ALL APPLICATIONS BY
CASH, CHEQUE, DEBIT OR CREDIT CARD

Employer’s Information
Company Name:__________________________________________
Address:__________________________________________
Postal Code:___________ Phone:___________ Fax:___________

Please submit the following with your application:

☐ WSIB Clearance Certificate
☐ List of Drain Layer(s) working in Stratford
☐ Liability Insurance
☐ Applicable fee

I hereby certify the above information to be accurate and true:

Applicants Signature:__________________________ Date:________________________

NOTICE OF COLLECTION
The personal information collected on this form is collected by The Corporation of the City of
Stratford under the authority of the Municipal Act, 2001 and will be used by Development
Services staff for the purpose of administering the trades licensing program and for
administrative purposes and may be made public. Questions about the collection and use of this
information may be made to the City Clerk, P.O. Box 818, Stratford, ON, N5A 6W1 or by
telephone 519-271-0250 ext. 235 during business hours.
If you require this form in an alternate format, contact Development Services at 519-271-0250x345 or TTY at 519-271-5241

FOR OFFICE USE ONLY

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