



**CITY OF MASSILLON BUILDING DEPARTMENT**  
**ONE JAMES DUNCAN PLAZA, MASSILLON, OHIO 44646**  
**PHONE: (330) 830-1724 \* FAX: (330) 830-1782**

### **PLUMBING JOURNEYMAN REGISTRATION INFORMATION**

Dear Applicant:

The City of Massillon requires all Plumbing Journeyman to become registered. We do not offer an exam, but we do reciprocate with Canton and North Canton. To register as a Plumbing Journeyman, you will need to:

1. Fill out an application. There is a \$20.00 non-refundable application fee.
2. Submit a copy of your Canton or North Canton Plumbing Journeyman registration.
3. Submit a copy of your Driver's License or State I.D.
4. Purchase a yearly Plumbing Journeyman registration which costs \$15.00. This registration is valid through February 28<sup>th</sup> of each year.

Should you have any questions concerning this matter, please feel free to call our office.



DATE: \_\_\_\_\_

FEE: \_\_\_\_\_

APPLICATION FOR EXAMINATION OR FOR RENEWAL OF MASSILLON CITY REGISTRATIONS

- ( ) Contractor ( ) Journeyman
( ) Electrical ( ) Electrical
( ) Heating ( ) Plumbing
( ) Home Improvement ( ) Electrical Apprentice
( ) Plumbing

1. Full Name \_\_\_\_\_

2. Permanent Address \_\_\_\_\_

City State Zip

3. Home Phone \_\_\_\_\_ U. S. Citizen? Yes or No

4. Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ FED I.D. # OR SS# \_\_\_\_\_

5. Education – Years Completed \_\_\_\_\_

6. Present Occupation \_\_\_\_\_

7. Current Employer \_\_\_\_\_

8. Employers Address \_\_\_\_\_

9. Business Phone \_\_\_\_\_

10. Experience in Construction: Apprenticeship, Technical Training, Etc: \_\_\_\_\_

11. Number of years or months of practical experience in the field at the construction trade: \_\_\_\_\_ or in a related field: \_\_\_\_\_ type of work in related field: \_\_\_\_\_

12. Other pertinent experience or training: \_\_\_\_\_

13. List ALL previous employers, including names and addresses.  
Start with most recent employer, include month and year:

\*\*\*\*\*  
FROM TO EMPLOYER ADDRESS OCCUPATION  
(Mo. & Yr.) (Mo. & Yr.)  
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References or proof of experience is to be submitted as mandated by Ordinance to the various Boards of Examiners.

It is agreed that the applicant will conform with all rules, regulations and ordinances of the City of Massillon, Ohio, and that the allegations, representations and statements made in this application are true; and the applicant acknowledges that any falsification made on this form will void the application.

\_\_\_\_\_  
Signature of Applicant  
**FEES ARE NOT REFUNDABLE**

Date Signed: \_\_\_\_\_, 20\_\_\_\_

**ALL REGISTRATIONS OR RENEWALS OF SAME SHALL EXPIRE AS STATED IN THE MASSILLON CITY ORDINANCES.**