



**CITY HALL**

400 Ella Street | Beatrice, NE 68310  
 Phone: 402.228.5200 Fax: 402.228.2312

**ENGINEERING & BUILDING INSPECTIONS**

205 North 4<sup>th</sup> Street | Beatrice, NE 68310  
 Phone: 402.228.5250 Fax: 402.228.5252

**Plumbing License/Registration Application**

The undersigned submits the following information to apply for a Plumbing License issued by the City of Beatrice, Nebraska in compliance with Beatrice City Code Sections 7-138 and 7-177:

1. Applicant's name: \_\_\_\_\_
2. Applicant's home address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_
3. Applicant 's phone number: \_\_\_\_\_
4. License or registration type to be renewed: \_\_\_\_\_

Type	Exam Fee	Registration/Renewal
Master Plumber	\$50.00	\$50.00
Journeyman Plumber	\$25.00	\$25.00
Apprentice Plumber	\$10.00	\$10.00 (Biennial)
Master Drain Layer	\$50.00	\$50.00
Journeyman Drain Layer	\$25.00	\$25.00
Apprentice Drain Layer	\$10.00	\$10.00 (Biennial)
Water Conditioner Contractor	\$100.00	\$100.00
Water Conditioner Installer		\$12.00 (Biennial)

5. Company name: \_\_\_\_\_
6. Company address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_
7. Applicant's position in company: \_\_\_\_\_

I hereby certify that I have read and examined this application and all above statements are true and correct to the best of my knowledge.

\_\_\_\_\_  
**Applicant Signature**                      **Date**

The Examining Board for Plumbers has duly considered the above application as provided by law and authorize the chairman and secretary of Board to execute and deliver to the applicant a license or registration as indicated above,

\_\_\_\_\_  
**Examining Board of Plumbers**    **Date**  
**Chairman**

\_\_\_\_\_  
**Examining Board of Plumbers**    **Date**  
**Secretary**