

# **2026 PLUMBING LICENSE APPLICATION**

City of Elkhart, Indiana  
Address: 229 S. 2<sup>nd</sup> Street, Elkhart, IN 46516  
Ph. 574-294-5474 [www.elkhartindiana.org](http://www.elkhartindiana.org)

**TYPE OF APPLICATION (check one):** ☐ NEW ☐ RENEWAL ☐ DATA CHANGE

**PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:**

**LICENSEE NAME (first, middle initial, last):** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**STATE PLUMBING LICENSE #:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**COMPANY ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSEE FOR  
THE LICENSE TO BE ISSUED.**

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE.  
THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

**SIGNATURE OF LICENSEE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **OFFICE USE ONLY:**

**ACCEPTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**BOND RECEIVED:** \_\_\_\_\_ **LICENSE #** \_\_\_\_\_ **FEE PAID:** \_\_\_\_\_