



Planning Services Department
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TRADES LICENSE APPLICATION

PLEASE CHECK THE APPROPRIATE BOX(S) AND PRINT

- | | | | |
|---|---------|--|---------|
| <input type="checkbox"/> Drain Layer | \$70.00 | <input type="checkbox"/> Backflow Prevention Device Tester | \$60.00 |
| <input type="checkbox"/> Drain Layer Contractor | \$95.00 | <input type="checkbox"/> Drain Layer Examination | \$35.00 |

I am applying for a Contractor's license. The name of my Licensed Drain Layer/Certified Backflow Prevention Device Tester is:

APPLICANT'S NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE NO.: HOME: () _____ WORK: () _____

CERTIFICATE OF QUALIFICATION NO.: _____ EXPIRY DATE: _____

EMPLOYER NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE NO.: () _____ FAX: () _____

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

 Applicant's Signature

 Date

 Approved by: (Signature)

 Date

Personal information contained on this form is gathered under the authority outlined in the Municipal Freedom of Information and Protection of Privacy Act (28-2) and will be used for the purpose of responding to your application. Questions about the collection of personal information should be directed to the City's Freedom of Information and Privacy Co-ordinator in the Public Access and Council Services Division of the Corporate Services Department at 519.740.4680, Ext. 4610.