



Community Development Department
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TRADES LICENSE APPLICATION

PLEASE CHECK THE APPROPRIATE BOX(S) AND PRINT

- | | | | |
|---|----------|--|---------|
| <input type="checkbox"/> Drain Layer | \$99.00 | <input type="checkbox"/> Backflow Prevention Device Tester | \$84.00 |
| <input type="checkbox"/> Drain Layer Contractor | \$117.00 | <input type="checkbox"/> Drain Layer Examination | \$62.00 |

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.: () _____ Email: _____

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 Corporate Records Co-ordinator / Deputy Clerk in the Clerk's Division of the Corporate Services Department at (519) 740-4680, Ext. 4439