WTMA
Warwick Township Municipal Authority

ANNUAL PLUMBER'S REGISTRATION APPLICATION

_____
Year

Business Name: _____ **Phone** _____
Address: _____ **Mobile** _____
_____ **Fax** _____
_____ **Email** _____

Warwick Township Municipal Authority has no licensing or certification requirements for plumbing contractors. However, **all persons involved with the construction and maintenance of sewer and water mains, laterals and services in Warwick Township are required to register annually and to provide proof of insurance coverage.**

The annual registration fee is $30.00 and is DUE BY DECEMBER 10TH of each year.
Additional registration cards may be obtained at a cost of $5.00 each.

To obtain this registration, please:

1. Verify the above-listed information and note any changes, additions or corrections to your company information. Please provide any additional phone numbers.
2. Contact your insurance company and have a copy of your Certificate of Insurance sent to WTMA. The Certificate may be mailed directly from your insurer or faxed to (717)627-7997. **WTMA WILL NOT ISSUE A PLUMBER'S REGISTRATION WITHOUT A VALID CERTIFICATE OF INSURANCE.**
3. Anyone installing, maintaining or connecting to the municipal water and/or sewer systems must also show proof of Workers' Compensation coverage.
4. Return this completed and signed application, along with a check in the amount of $30.00 (plus $5.00 for each additional card) to: WTMA, PO Box 336, Lititz, PA 17543-0336. Your Plumber's Registration can also be picked up at the Municipal Authority office, located at 315 Clay Rd., Lititz, PA, Monday through Friday, 8:00 a.m. to 4:30 p.m.
5. With each registration, WTMA will provide a copy of the latest version of the Plumber's Book detailing regulations for installation of building water and/or building sewer connections. Detail sheets and regulations for new construction are listed in the Developer's Manual and can be obtained at the Authority office or found on our website www.warwicktownship.org.

DO NOT DETACH. PLEASE RETURN THIS ENTIRE FORM TO WTMA.

Insurer: _____ *Policy Number:* _____

# of cards requested: _____ *Amount Enclosed:* _____

I hereby certify that the information provided is true and correct. Any changes in the information listed above shall be supplied, in writing, to the Authority as soon as possible.

Signature: _____ **Date:** _____

315 Clay Road * PO Box 336 * Lititz, PA 17543-0336 * Phone: (717) 627-2379 * Fax: (717) 627-7997