



**CITY OF HAYSVILLE**  
**Public Works Department**

401 S. Jane  
PO Box 404  
Haysville, KS 67060  
Phone: 316/529-5940 | Fax: 316/529-5945  
dsmith@haysville-ks.com  
nstark@haysville-ks.com

Plumbing Contractor License Application  
**CERTIFICATE OF INSURANCE REQUIRED**

License.....\$75.00

Master Certificate.....\$20.00

Journeyman Certificate.....\$10.00

(Please list Master and Journeyman Certificate holders below)

(Pursuant to Section 4-102 of the Haysville City Code,

A copy of the current business license with the City of Wichita and/or MABCD must be included)

Business Organization: \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Name of qualified person who passed examination \_\_\_\_\_  
(With attached test result score)

Name of Company \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Mobile # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

Master \_\_\_\_\_  
\_\_\_\_\_

Signature of qualified person: \_\_\_\_\_

Date \_\_\_\_\_

Journeyman \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For office use only:

Receipt No. \_\_\_\_\_

Certificate of Insurance \_\_\_\_\_

License No. \_\_\_\_\_

**\*Please include a copy of Block  
Test Results or current License  
with MABCD.**

Date \_\_\_\_\_

Fee \_\_\_\_\_

MABCD License # \_\_\_\_\_