

DISTRICT OF COLUMBIA



BOARD OF INDUSTRIAL TRADES – PLUMBING AND GASFITTING

PREVIOUS CONTRACTOR NAME CERTIFICATION

(To Be Completed by All Contractor Applicants)

Applicant Name

Social Security Number or FEIN Number

I **have not used** any other name, past or present, as a plumbing or gasfitting contractor within the District of Columbia.

I **have used** another name, past or present, as a plumbing or gasfitting contractor within the District of Columbia. If so, please provide the following information:

1. Name _____

Address _____

Open Permit # (or #s) _____

2. Name _____

Address _____

Open Permit # (or #s) _____
