

**Shelby County Building Inspector's Office**  
**25 West Polk Street, Room 201**  
**Shelbyville, IN 46176**  
**(317) 392-6480**

**\*\*Each application must be accompanied by a copy of each plumber's state registration card**

**PLUMBING CONTRACTOR REGISTRATION APPLICATION**

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**Contractor Information**

Contractor Name \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Journeyman Name \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Apprentice Name \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

**Company Information**

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

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Office Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

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Please check one:

\_\_\_\_\_ New \_\_\_\_\_ Renewal

**\*For Office Use Only\***

DATE: \_\_\_\_\_ COUNTY REGISTRATION NUMBER: \_\_\_\_\_

CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ CARD \_\_\_\_\_