



Petal Building Department

101 West Eighth Avenue

P. O. Box 564

Petal, MS 39465

Office: (601) 544-6048 Fax: (601) 705-0014

Email: Buildingdept@cityofpetal.com

APPLICATION FOR PLUMBING EXAM

Date of Application: _____

Date of Payment: _____

*(No payment to be made until Plumbing Board has approved applicant to take exam)

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Resident? How long: _____

Experience (Include Resume'): _____

Professional Training or School: **(Include date attended and date completed!)**

1. _____

2. _____

3. _____

Who have you worked for? _____

How long have you been in business? _____

References (include name, address and phone number) **LETTERS ARE ALSO REQUIRED!**
