Department of Permits, Licenses and Inspections
200 Ross Street, Room 320
Pittsburgh, PA 15219
Tel. (412) 255-2858
Fax: (412) 255-2974

Certificate Number _____

Issued ___ / ___ / ___ Expires ___ / ___ / ___

DO NOT WRITE IN THIS BOX

APPLICATION FOR WELDER'S LICENSE

Name _____ Telephone # _____

Address _____

City _____ State _____ Zip _____

Are you eighteen (18) years of age or older? ……. Yes ____ No ____

Type of welding: ☐ Shielded Metal Arc ☐ Oxyacetylene

Position Qualified:

☐ Grove	☐ Flat	☐ Horizontal	☐ Vertical	☐ Overhead
☐ Fillet	☐ Flat	☐ Horizontal	☐ Vertical	☐ Overhead

Qualified in accordance with AWS D1.1-92 and D1.4-92.

Electrode Specification: **ASTM A-** _____

Electrode Classification: **E-** _____

Special: _____

Date of Examination: ____ / ____ / ____

Examining Agency: _____

The applicant hereby agrees to comply with the provisions of Chapter 743 of Title 7 of the Pittsburgh Code of Ordinances relating to the qualifying and registration of persons performing welding work.

Signature _____ **Date** ____ **/** ____ **/** ____

Accepted by: _____ Date ____ / ____ / ____

License Fee: **$93.00**
01/01/2015