ALLEGHENY COUNTY HEALTH DEPARTMENT
APPLICATION FOR EXAMINATION FOR
ADVANCED STANDING IN THE ALLEGHENY COUNTY
PLUMBING APPRENTICE PROGRAM

NAME: _____
(LAST) **(FIRST)** **(MIDDLE)**

ADDRESS: _____
(NO. AND STREET) **(CITY)** **(STATE)** **(ZIP)**

TELEPHONE NO. _____ **BIRTH DATE:** _____

SOCIAL SECURITY NO. _____ **EMAIL ADDRESS:** _____

TRAINING:

NAME OF INSTITUTION: _____

ADDRESS: _____

TELEPHONE NO. _____ **TYPE OF TRAINING:** _____

FROM: _____ **TO:** _____

NAME OF INSTITUTION: _____

ADDRESS: _____

TELEPHONE NO. _____ **TYPE OF TRAINING:** _____

FROM: _____ **TO:** _____

CERTIFICATION

I hereby certify that the facts set forth above and attached in support of this application for advanced standing examination are true and complete to the best of my knowledge. I understand that the Allegheny County Health Department shall revoke any advanced standing credit if the Department shall find that the credit was granted by fraud or misrepresentation.

SIGNATURE _____ **DATE** _____