



## Talbot County Department Of Permits & Inspections

215 BAY STREET

SUITE 2

EASTON, MARYLAND 21601

[www.talbotcountymd.gov](http://www.talbotcountymd.gov)

PHONE: 410-770-6840

### **Registration & Renewal For LP Gas Fitter**

The following is required to register or renew as a Talbot County LP Gas Fitter:

- A completed Gas Fitter Registration/Renewal application
- Registration Fee of \$75.00 make check payable to Talbot County (cash is not accepted)
- A copy of your State of Maryland Propane Gas Fitter or Master Plumber/Gas Fitter Certificate
- A copy of photo identification (driver's license, etc.)
- Copy of Certificate of Liability Insurance. *Insurance Certificate must show the name of the applicant as the insured, or as the Owner trading as (TA) and name of the Company. Applicant can also be listed as an insured on General Liability and Workmen's Comp. in regard to their duties as a license holder for the State of Maryland (must be stated).*
- Please be sure the Certificate Holder is listed as:  
Talbot County Department of Planning and Permits  
215 Bay Street, Suite 2  
Easton, MD 21601

Please ensure that the certificate states the individual's name along with their company name. Insurance Certificates can be faxed to: 410-770-6842

**LICENCES:** Licenses expire each year on December 31. You may register yearly, or register at any time during the 12-month period (Jan. – Dec.) when you are hired to work in Talbot County. *Unregistered work may subject you to a fine and legal action.*

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## Gas Fitter Registration & Renewal Application Talbot County, Maryland

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Please provide information for each entry.

(Indicate type of Application)

New

Renewal

### Applicant Information (Please type or print:

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Cell # \_\_\_\_\_

### License Information:

Talbot County License/Class #: \_\_\_\_\_

Maryland License #: \_\_\_\_\_

### Insurance Information:

Insurance Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Policy #: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

