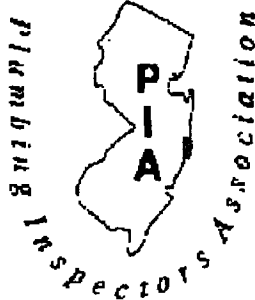


Plumbing Inspectors Association Incorporated NJPIA Legal Fund Application

The New Jersey State



Please Print

Full name _____ Date of Birth _____
 Address _____
 Phone (Home) _____ Business _____
 Business address _____
 Position _____ Full Time _____ Part Time _____
 Civil Service _____ Non Civil Service _____ Tenure _____

License (s) now hold Please submit evidence of the following information

Issued by the Department of Community Affairs

Plumbing Inspector /I.C.S. No. _____ Date _____

H.H.S. No. _____ Date _____

Plumbing Sub Code Official No. _____ Date _____

Construction Official No. _____ Date _____

Other licenses held No. _____ Date _____

No. _____ Date _____

Statement: Reason for funding legal representation.

Office Use Only: - Application Rec'd Date _____
Review Committee Decision _____ **Date** _____

Appeal Review: - Review Executive Board of NJPIA
Decision _____ **Date** _____