

NEW JERSEY STATE PLUMBING INSPECTORS ASSOCIATION, INC.

PRESIDENT

Russell Hall
15 Cypress Lane
Hamburg, NJ 07419
Phone:
201-803-3627
president@njpia.org



SECRETARY

Dimitri Checkur
17 Timberline Drive
Sparta, NJ 07871
Phone:
973-903-7999
secretary@njpia.org

Welcome!

We are pleased that you are interested in joining our organization. The New Jersey Plumbing Inspectors Association was established in 1939 to keep its members informed about technological advances as well as changes to codes and regulations in the industry.

The requirements for an active member are codified in Article XV of our Constitution and By-laws as accepted by the general membership on March 20, 1996. The text reads as follows:

"An active member shall be an inspector who holds a proper Plumbing Inspector's License issued by the New Jersey Department of Community Affairs. He or she shall be entitled to all the privileges of membership."

Please complete the enclosed form by providing all the required information by typing or printing legibly. Enclose a copy of your license, issued by the Department of Community Affairs. A wall certificate or wallet card is acceptable. Additionally, enclose a check or money order in the amount of \$75.00 made payable to the New Jersey Plumbing Inspectors Association, Inc. and mail to our treasurer:

Dave Bishop
47 Rande Drive
Wayne, New Jersey 07470-5900

Upon acceptance, you will be notified of the membership's response to your application. This will entitle you to one full year membership in our organization.

After your full year membership expires, your renewal remains effective upon receipt of your annual dues.

Sincerely,

Dimitri Checkur
Secretary

NEW JERSEY STATE PLUMBING INSPECTORS ASSOCIATION, INC.

PRESIDENT

Russell Hall
15 Cypress Lane
Hamburg, NJ 07419
Phone:
201-803-3627
president@njpia.org



SECRETARY

Dimitri Checkur
17 Timberline Drive
Sparta, NJ 07871
Phone:
973-903-7999
secretary@njpia.org

PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____

Address: _____ Apt. _____ Unit No. _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

DCA INSPECTORS LICENSE NUMBER: _____

LICENSES HELD: (CHECK ALL THAT APPLY)

Plumbing ICS ☐ Plumbing HHS ☐ Plumbing Sub Code Official ☐ Construction Official ☐

Other Licenses Held: _____

Recommended By: _____

REFERENCES:

(1) _____

(2) _____

*Enclose check or money order in the amount of \$75.00 made payable to:
The New Jersey Plumbing Inspectors Association, Inc.*