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## Plumbing and Heating Contractor (T92) Operating Information Questionnaire

- 1. Please provide the name of the licensed Master Heating Installer you employ:
- 2. Please provide the name of the licensed Master Plumber you employ:
- 3. Please indicate whether the address of your business is:
  - **O A mailing address only** (same as your residence)
  - **O Office use** (different than residence)

If office use, then please provide the following:

- a. What is the square footage of your business premises?
- b. How many parking spaces do you have designated to your business?
  (Please note that street parking or shared parking does not apply to this question)

Date:

Client Name:

Client Signature: