

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:

- A mailing address only** (same as your residence)
- 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: