

Plumbing Contractor (T94) Operating Information Questionnaire

1. Please provide the name of the licensed Master Plumber you employ:

Name:

Licence Number: T95-

2. 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: