

**BALTIMORE CITY  
GAS FITTER RECIPROCAL REGISTRATION INSTRUCTIONS**

Complete application for Reciprocal Registration and return with a copy of your active Maryland State Plumber/Gas Fitter License, a copy of your certificate of insurance, and a check/money order in the amount listed below made payable to *Director of Finance*.

Baltimore City's gas fitter registration period is January 1<sup>st</sup> through December 31<sup>st</sup>. All registrations expire December 31<sup>st</sup> of each year. The fee is: Master \$25.00 and Journeyman \$15.00. Send all request for information to [DHCD.Permits@baltimorecity.gov](mailto:DHCD.Permits@baltimorecity.gov).

The certificate holder on the insurance certificate should read as follows:  
Mayor and City Council of Baltimore City  
Gas Appliance Board of Baltimore City  
417 E. Fayette Street, Room 100  
Baltimore, Maryland 21202

---

Department of Housing and Community Development  
Gas Appliance Board of Baltimore City  
417 E. Fayette Street, Room 100  
Baltimore, MD 21202  
Phone: 443-984-1809 Fax: 410-545-1807  
[DHCD.Permits@baltimorecity.gov](mailto:DHCD.Permits@baltimorecity.gov)

**NEW GAS FITTER RECIPROCAL REGISTRATION APPLICATION**

(PLEASE PRINT ALL INFORMATION EXCEPT FOR THE SIGNATURE)

**Registration Type** (Please select one of the following):  MASTER GAS FITTER       JOURNEYMAN GAS FITTER

Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(REQUIRED)

Maryland State License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature of License Holder: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Before the registration is issued, you will be required to submit a valid photo ID in order to receive your ePermits access code. The code is needed to register your registration. When this is needed, you will be contacted via the email address listed above. Your registration will be emailed to the email address listed above.*

**DO NOT WRITE IN THIS SPACE | DHCD STAFF ONLY**

RECEIVED \_\_\_\_\_

FEE \$ \_\_\_\_\_ ( ) CK ( ) MO ( ) C

BALTIMORE CITY REGISTRATION No.: \_\_\_\_\_

ISSUED \_\_\_\_\_