

**To: The Water Authority**

43/F, Immigration Tower, 7 Gloucester Road, Wan Chai, Hong Kong

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Telephone: 2824 5000

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**Application for Renewal/Re-issue of a Plumber's Licence**

Licence No. \_\_\_\_\_

(\*Mr./Ms/Miss/Mrs.)

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of Birth (MM/YY) : \_\_\_\_\_

**Application for Renewal of a Plumber's Licence:**

**Application for Re-issue of a Plumber's Licence:**

**Due to Loss of Licence:**

Police Report No.: \_\_\_\_\_

**Licensed Plumber Service Districts:**

My service districts are as follows (may (✓) more than one.):

Hong Kong & Islands:

Central & Western    Wan Chai    Eastern    Southern    Islands

Kowloon:

Yau Tsim Mong    Sham Shui Po    Kowloon City    Wong Tai Sin    Kwun Tong

New Territories:

Tsuen Wan    Tuen Mun    Yuen Long    North    Tai Po

Sai Kung    Sha Tin    Kwai Tsing

Or  All of the above districts

**Declaration:**

I fully understand and agree that the Water Authority may use the data collected from me in connection with this application for the purposes of, or directly related to, the processing of this application and any matters related to the plumber's licence (if any) renewed/ re-issued under this application. If I do not provide sufficient data, the Water Authority may not be able to process my application. I agree that the data collected may be transferred to other Government bureaux and departments and any other relevant parties for the aforesaid purposes. I understand that I may make a request to the Departmental Secretary of the Water Supplies Department at 48/F., Immigration Tower, 7 Gloucester Road, Hong Kong for access to and correction of my personal data.

I further agree that the above data collected from me (including my name (Chinese and English), plumber's licence number, grade of licence, business telephone number, service districts (if applicable), the licence expiry date, past/current projects carried out by me) and any information concerning me which is related to the control of licensed plumbers may be made know to the general public (eg. by publishing the same on the internet).

I declare that the particulars entered above are both genuine and correct. (Note: Please notify this office immediately of any changes in personal particulars and address.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Footnotes:

\* Delete as appropriate.

@ The proof includes Government ID card, employment letter, pay slip or etc.

Tick as appropriate.

Name/Address

**Please fill in your name and  
address in the block to the  
left for mailing of licence.**

Use WWO 513 envelope.

Version (9/2015)