

Inspections Department
P. O. Box 74, 117 NC 343 North, Camden, NC, 27921
Phone: (252) 338-1919 x 227 ◆ Fax: (252) 333-1603

GAS CONTRACTOR AFFIDAVIT

l,(print name)	, a licensed gas contractor in the State of North		
Carolina, do hereby certify that the gas			
under my supervision / responsibility and	_	_	
Street Address:			_
City, State, Zip:			_
Gas Contractor Signature	License #		Date
North Carolina County of Camden			
I,,	a Notary Public	for said Cou	unty and State, do hereby certify
that	personally appe	ared before	me this day and acknowledged
the due execution of the forgoing instrur	nent.		
Witness my hand and notarial seal this _	day of		, 20
		Notary Publ	lic
My Commission Expires:			