



# APPLICATION FOR PLUMBING CONTRACTOR EXAMINATION FOR LICENSING

State Form 22806 (R10 / 11-02)  
Approved by State Board of Accounts, 2002

**Indiana Professional Licensing Agency**  
302 W. Washington St., Rm. E034  
Indianapolis, IN 46204-2700  
(317)-232-2980  
www.in.gov/pla

**FEE: \$50.00**

**ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

Social Security number *	* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1; it is mandatory that it be given. Social Security numbers are made available to the Department of Revenue.	
Name of applicant	Date of birth (month, day, year)	
Address (number and street, city, state, ZIP code)		
County	Telephone number	
Have you ever been convicted of a crime? (if "Yes", provide a copy of the court order and any pertinent documents)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

**INSTRUCTIONS:**

1. If you are applying on the basis of having completed four (4) years of training in an approved apprenticeship program, please complete Sections one (1) and four (4).
2. If you are applying on the basis of having completed four (4) years of experience in the plumbing trade, please complete Sections two (2) and (4).
3. If you are applying on the basis of having worked in the plumbing business under the direction of a licensed plumbing contractor for at least four (4) years, please complete Sections three (3) and four (4).

SECTION ONE	
I have successfully completed the following four (4) years of training in an approved apprenticeship program, satisfying the requirements as defined in commission rule, 860 IAC 1-1-9, as verified by the sponsor of the approved apprenticeship program, herein:	
Name of apprenticeship program sponsor	Telephone number
Address (number and street, city, state, ZIP code, county)	
Date of enrollment (month, year)	Date of completion (month, year)

APPROVED APPRENTICESHIP PROGRAM SPONSOR CERTIFICATION OF COMPLETION	
I hereby certify that _____ successfully completed four (4) years of training in an approved apprenticeship program. Name of apprentice	
Date of enrollment	Signature of manager of approved apprenticeship program sponsor
Date of completion	Date signed

NOTARY CERTIFICATE (completed by program sponsor)		
STATE OF _____	} SS:	
COUNTY OF _____		
I, _____, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.		
Signature of manager of approved apprenticeship program sponsor	Signature of Notary Public	
Printed or typed name of manager of approved apprenticeship program sponsor	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

**SECTION TWO**

I have completed the following four (4) years of experience in the plumbing trade, satisfying the requirements as defined in commission rule, 860 IAC 1-1-9 and 860 IAC 1-1-10, as verified by employer, attached herewith:

Name of employer	Plumbing contractor license number (if applicable): PC
Address (number and street, city, state, ZIP code)	
County	Telephone number
Dates of employment (month, day, year): From _____ To _____	
Name of employer	Plumbing contractor license number (if applicable): PC
Address (number and street, city, state, ZIP code)	
County	Telephone number
Dates of employment (month, day, year): From _____ To _____	

**APPLICANT AFFIDAVIT OF EXPERIENCE IN PLUMBING TRADE**

I hereby certify that I, \_\_\_\_\_ have worked in the plumbing trade as defined in commission rule 860 IAC 1-1-9, for the  
Name of applicant  
 period of \_\_\_\_\_ to \_\_\_\_\_, for \_\_\_\_\_.  
Day, month, year Day, month, year Name of company or plumbing business

Name of employer or licensed plumbing contractor
Address (number and street, city, state, Zip code)

I further certify that I am unable to obtain an employer affidavit verifying the aforementioned experience in the plumbing trade due to the following reason(s):

Signature of applicant	Date signed
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**NOTARY CERTIFICATE (completed by applicant)**

STATE OF \_\_\_\_\_ }  
 COUNTY OF \_\_\_\_\_ } SS:

I, \_\_\_\_\_, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of applicant	Signature of Notary Public	
Printed or typed name of applicant	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

**EMPLOYER AFFIDAVIT OF EXPERIENCE IN PLUMBING TRADE**

I hereby certify that \_\_\_\_\_ has worked in the plumbing trade as defined in commission rule 860 IAC 1-1-9 for the  
Name of applicant  
 period of \_\_\_\_\_ to \_\_\_\_\_.  
Day, month, year Day, month, year

Signature of employer or licensed plumbing contractor	Name of company or plumbing business	Plumbing contractor license number
Address (number and street, city, state, ZIP code)		Date signed

**Licensees who submit false information may be subject to disciplinary action by the Indiana Plumbing Commission.**

**NOTARY CERTIFICATE (completed by plumbing contractor)**

STATE OF \_\_\_\_\_ }  
 COUNTY OF \_\_\_\_\_ } SS:

I, \_\_\_\_\_, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of employer or licensed plumbing contractor		Signature of Notary Public	
Printed or typed name of employer or licensed plumbing contractor		Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires	

**SECTION THREE**

I have worked in the following plumbing business(es) under the direction of licensed plumbing contractor(s) for at least four (4) years, satisfying the requirements as defined in commission rule, 860 IAC 1-1-9 and 860 IAC 1-1-10; as verified by licensed contractor(s).

Name of licensed plumbing contractor		License number: PC	
Address (number and street, city, state, ZIP code)			
County		Telephone number	
Dates of employment (month, day, year): From _____ To _____			
Name of licensed plumbing contractor		License number: PC	
Address (number and street, city, state, ZIP code)			
County		Telephone number	
Dates of employment (month, day, year): From _____ To _____			

**APPLICANT AFFIDAVIT OF EXPERIENCE IN PLUMBING BUSINESS**

I hereby certify that I, \_\_\_\_\_, have worked in the \_\_\_\_\_, Name of applicant Name of plumbing business  
 \_\_\_\_\_, under the direction of \_\_\_\_\_, from  
 \_\_\_\_\_, Address Name of licensed plumbing contractor  
 \_\_\_\_\_ to \_\_\_\_\_.  
 Day, month, year Day, month, year

I further certify that I am unable to obtain an employer affidavit verifying the aforementioned work in a plumbing business under the direction of a licensed plumbing contractor due to the following reason(s):

Signature of applicant		Date signed
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**NOTARY CERTIFICATE (completed by applicant)**

STATE OF \_\_\_\_\_ }  
 COUNTY OF \_\_\_\_\_ } SS:

I, \_\_\_\_\_, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of applicant	Signature of Notary Public	
Printed or typed name of applicant	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

**EMPLOYER AFFIDAVIT OF EXPERIENCE IN PLUMBING BUSINESS**

I hereby certify that \_\_\_\_\_ has worked in the \_\_\_\_\_,  
Name of applicant Name of plumbing business  
 \_\_\_\_\_, from \_\_\_\_\_ to \_\_\_\_\_ under the direction of  
Address Day and month Day and month  
 \_\_\_\_\_, plumbing contractor license number \_\_\_\_\_, said license expiring \_\_\_\_\_.  
Name of licensed plumbing contractor

Signature of licensed plumbing contractor	Date signed
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**Licensees who submit false information may be subject to disciplinary action by the Indiana Plumbing Commission.**

**NOTARY CERTIFICATE (completed by plumbing contractor)**

STATE OF \_\_\_\_\_ }  
 COUNTY OF \_\_\_\_\_ } SS:

I, \_\_\_\_\_, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of licensed plumbing contractor	Signature of Notary Public	
Printed or typed name of licensed plumbing contractor	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

**SECTION FOUR (to be completed by all applicants)**

**NOTARY CERTIFICATE**

STATE OF \_\_\_\_\_ }  
 COUNTY OF \_\_\_\_\_ } SS:

I, \_\_\_\_\_, having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant	Signature of Notary Public	
Printed or typed name of applicant	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires