

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**  
**APPLICATION FOR APPROVAL TO TAKE EXAMINATIONS**

**PLUMBER**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of approval to take the examinations.

**Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

**Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If a SSN is not provided, the application is incomplete and may be denied.

**SUPPORTING DOCUMENTS:**

In addition to submitting a completed application, complete the following:

1. Submit documentation according to the examination and licensure level desired.

NOTE: Each year of work experience must include at least 2,000 hours; no more than one year of work experience can be credited for each 12-month period. (*See Administrative Rule R156-55c-302b and R156-55c-302d(2).*)

**If you want your military experience considered, submit your DD214's.**

- A. If you are applying to take the **journeyman plumber examination**, submit an official transcript showing successful completion of an approved apprenticeship program **AND** a completed "Employer's Verification Form" (*attached to this application*) from each of your supervising licensed master or journeyman plumber(s) documenting at least 6,000 of the 8,000 hours of required training as a licensed apprentice plumber in not less than 4 years. If you submit documentation of 6,000 hours, you will be approved to take the examinations but you must submit documentation of 2,000 hours of additional experience before applying for licensure.

**NOTE:** Have the school send the transcript to you for inclusion with your application. The transcript must be in a sealed envelope, bearing the school's stamp/seal on the envelope flap.

**OR**

Submit a completed "Employer's Verification Form" from each of your supervising licensed master or journeyman plumber(s) documenting at least 8 years (16,000) hours of required supervised legal practical experience.

- B. If you are applying to take the **residential journeyman plumber examinations**, submit an official transcript documenting successful completion of an approved apprenticeship program **AND** a completed "Employer's Verification Form" (*attached to this application*) from each of your supervising licensed master, residential master, journeyman or residential journeyman plumber(s) documenting at least 6,000 hours of required training as a licensed apprentice plumber in not less than 3 years.

**NOTE:** Have the school send the transcript to you for inclusion with your application. The transcript must be in a sealed envelope, bearing the school's stamp/seal on the envelope flap.

**OR**

Submit one or more completed "Employer's Verification Forms" (*attached to this application*) from each of your supervising licensed master, residential master, journeyman, residential journeyman plumbers documenting at least 6 years (12,000) hours of required supervised legal practical experience in the plumbing trade.

- C. If you are applying to take the **master plumber examinations**, you must document at least two years as a licensed journeyman plumber and at least two years of supervisory experience as a journeyman plumber. Additionally, the "Employer's Supervisory Verification Form" (*attached to this application*) is to be filled out by each of your employers and submitted with your application. The supervision must be obtained while working as a W2 employee (*W2 documentation required*) and under the immediate supervision of the employer.

A year of supervisory experience may be granted for successful completion of an approved applied science, similar, or higher education degree in accounting, apprenticeship, business management, communications, computer systems and computer information systems, engineering, environmental technology, finance, human resources or marketing. (*See Administrative Rule R156-55c-302d (3).*)

**NOTE:** Have the college/university send the transcript to you for inclusion with your application. The transcript must be in a sealed envelope, bearing the school's stamp/seal on the envelope flap. Also, you do "not" have to take the practical section of the examination, *if you previously passed the practical section of the Utah Plumbing Licensing Examination for Journeyman Plumber.*

- E. If you are applying to take the **residential master plumber examination**, you must document at least two years as a licensed residential journeyman plumber

and at least two years of supervisory experience as a residential journeyman plumber. Additionally, the “Employer’s Supervisory Verification Form” (attached to this application) is to be filled out by each of your employers and submitted with your application. The supervision must be obtained while working as a W2 employee (*W2 documentation required*) and under the immediate supervision of your employer.

**NOTE:** You do “not” have to take the practical section of the examination, if you previously passed the practical section of the Utah Plumbing Licensing Examination for Residential Journeyman Plumber.

#### **ADDITIONAL IMPORTANT INFORMATION:**

1. **Plumbing Licensing Examination:** You will not be allowed to test unless your application has been submitted and approved by DOPL.
2. **Examination Fees:** PSI, DOPL’s testing provider, will “not” register you for any examination unless you have been approved by DOPL. See PSI’s Candidate Information Bulletin for examination dates and fees and other examination information. There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency. Contact PSI [www.psiexams.com](http://www.psiexams.com) or (800) 733-9267.
3. **Passing Grade:** The applicant shall obtain a "pass" grade on the practical part of the examination. A score of at least 70% is required on the written part of the examination. If you fail one or more parts of the examination, you must retake any part of the examination failed. You are required to wait at least 25 days between the first two retakes. After the first two retakes, you are required to wait 120 days between retakes.
4. **Test Score Expiration:** You must pass all parts of the examination within a 12-month period. If you pass any part of the examination but do not pass the entire examination, the passing score on any part of the examination shall be valid for one year from the date the part of the examination that was passed. Thereafter, you are required to retake any previously passed part of the examination.
5. **Submittal of Application for Licensure:** After you have passed the examinations required for licensure, you are required to submit an application for licensure providing a copy of your passing examination scores and the application fee.
6. **Idaho and Montana Journeyman:** Journeyman applicants who obtained their initial license as a journeyman in either Idaho or Montana and passed the “hands-on” practical test for those individual states are not required to take the Utah hands-on practical test. They, however, are required to take the journeyman written examination and meet the other Utah licensing requirements.
7. **Law and Rules:** You are required to understand all Utah laws and rules pertaining to your practice as a plumber. The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):
  - Division of Occupational & Professional Licensing Act
  - General Rules of the Division of Occupational & Professional Licensing
  - Utah Construction Trades Licensing Act
  - Plumber Licensing Rules

8. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.
9. **Temporary License:** The state of Utah does not issue temporary licenses to plumbers. You must obtain your license **prior** to performing any plumbing work. Credit for unlicensed work time in Utah will not be granted.
10. **Apprenticeship:** The beginning date of an apprenticeship or training program is the date upon which the applicant is approved for Utah licensure as an apprentice.

Applicants who started a plumbing apprenticeship in another state may request to have credit for that portion of the apprenticeship or traineeship completed in the other state if DOPL and the board find that the program in the other state is equal to the apprenticeship or traineeship program required in the State of Utah. The burden for demonstrating equivalency of the out-of-state apprenticeship or traineeship program lies with the applicant. Equivalency may be demonstrated by documentation of the curriculum and training which is required as a part of the program of the other state.

11. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).
12. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
13. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at [www.dopl.utah.gov](http://www.dopl.utah.gov).

**14. Submit Completed Application to:**

<b>By U.S. Mail</b>	Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City UT 84114-6741
<b>By Express Mail or In Person</b>	Division of Occupational & Professional Licensing 1 <sup>st</sup> Floor Lobby 160 E 300 S Salt Lake City UT 84111-2305

15. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – Toll-free in Utah
16. **Fax Number:** (801) 530-6511

## Answers to Commonly Asked Questions:

- Q. How many types of plumber licenses are available?**  
A. There are five (5) types of licenses available:
- Apprentice,
  - Journeyman,
  - Residential Journeyman,
  - Master and
  - Residential Master.
- Q. Master/Residential Master Plumber: To obtain a master license classification, I am required to be licensed in the proper license classification as either a journeyman or a residential master for at least two years and have completed at least two years of outlined supervisory work experience. Can I be licensed in my journeyman license classification during the same two years that I obtain my master or residential master supervisory work experience?**  
A. Yes.
- Q. Is the practical test written or hands-on and how often is it given?**  
A. The practical test is a hands-on test and is generally given the first Saturday during the months of February, April, June, August, October and December.
- Q. What form of documentation is acceptable to verify previous work experience?**  
A. The “Employer’s Verification Form” is included in this application. Also, included in this application is the “Employer’s Supervisory Verification Form” for the master license classifications.
- Q. What if my employer is no longer in business or deceased?**  
A. A letter from another responsible individual such as a local plumbing and/or building inspector, supervisor, former owner, or corporate officer may be acceptable. DOPL cannot make a determination until they see the letter(s).
- Q. How much credit will I get for unlicensed experience such as maintenance, military, or mine work?**  
A. If the experience was in violation of licensing laws or between the ages of 16-18, NO credit can be given, unless the experience was obtained in a Federal Office of Apprenticeship Training “School to Apprenticeship Program.” Maintenance, military (*provide DD214*), or mine experience that was exempt from licensing laws may receive some credit depending on the nature of the work performed.
- Q. Can I obtain a temporary permit?**  
A. There are no temporary permits. (*See page 4, paragraph 5.*)
- Q. What form of documentation must I provide to receive credit for previous schooling, or how much credit can I get for schooling experience?**  
A. An official transcript and a copy of your degree or diploma will be required. The documentation must show schooling that is directly and significantly related to “plumbing work” as covered by the IPC, in order to qualify for credit. Maximum benefits from apprenticeship are received by concurrent on-the-job training and related schooling. For the master plumber license classification only, an approved associate of applied science degree, similar, or higher degree may qualify for a year of supervisory credit. (*See page 2, paragraph D.*)
- Q. What if I don’t pass all parts of the examinations within the 12-month time frame allowed?**  
A. You are required to pass all parts within a 12-month period. If the gap between passing parts is more than 12 months, you must retake the part(s) which were passed beyond the 12-month time period.

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## APPLICATION FOR APPROVAL TO TAKE EXAMINATIONS

(select one)

- JOURNEYMAN PLUMBER**  
 **RESIDENTIAL JOURNEYMAN PLUMBER**  
 **MASTER PLUMBER**                       **RESIDENTIAL MASTER PLUMBER**

W2 Documentation for *Master/Residential Master* Submitted:  Yes  No

<b>***Please list your <u>full legal name</u> as it appears on your driver license, Social Security Card, etc.***</b>				
Last Name:		First Name:		Middle Name:
Social Security Number:     -     -			Maiden Name:	
I certify under penalty of perjury that:				
<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: _____				
<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Driver License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: _____				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Driver License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.				
<input type="checkbox"/> I am a foreign national not physically present in the United States.				
Mailing Address:				
City:			State:	ZIP:
<input type="checkbox"/> Male	Date of Birth:	Phone #:	E-Mail:	
<input type="checkbox"/> Female				
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i>				
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	

<b><i>DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY</i></b>	
License/Certificate Number: _____	
Date License/Certificate Approved: ___ / ___ / ___	
Approved By: _____	
Date License/Certificate Denied: ___ / ___ / ___	
Denied By: _____	
Reason for Denial/Other Comments: _____	

**AFFIDAVIT and RELEASE AUTHORIZATION**

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I also understand Utah Administrative Code R156-55c-302(c) regarding failing the exam, which requires at least 25 days between the first two retakes and 120 days between retakes thereafter.

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_ / \_\_\_ / \_\_\_\_\_

**APPRENTICESHIP TRAINING FOR JOURNEYMAN AND RESIDENTIAL JOURNEYMEN  
APPLICANTS: (Use additional sheets if necessary.)**

Name of Institution: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended: from \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_

Name of Institution: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended: from \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_

Name of Institution: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended: from \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_

**PLUMBING EMPLOYMENT RECORD:** Chronologically list each place of employment as a plumber. Show month and year for each. Required: W2 pay documentation for *Master and Residential Master* license classifications. (Use additional sheets if necessary.)

Employer/Firm Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Name of Supervising Plumber: \_\_\_\_\_

License Number of Supervising Plumber: \_\_\_\_\_

Description of Plumbing Work: \_\_\_\_\_

Employer/Firm Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Name of Supervising Plumber: \_\_\_\_\_

License Number of Supervising Plumber: \_\_\_\_\_

Description of Plumbing Work: \_\_\_\_\_

Employer/Firm Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Name of Supervising Plumber: \_\_\_\_\_

License Number of Supervising Plumber: \_\_\_\_\_

Description of Plumbing Work: \_\_\_\_\_

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# PLUMBER QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any licensing agency or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
6. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
10. \_\_\_\_\_ Have you been terminated from a position because of drug use or abuse within the past five (5) years?
11. \_\_\_\_\_ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

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12. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
13. \_\_\_\_\_ Do you currently have any criminal action pending?
14. \_\_\_\_\_ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
15. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
16. \_\_\_\_\_ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
17. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



**If you answered “yes” to questions 13, 14, 15, 16, or 17 above, you must submit a complete explanation of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).**

If you are unable to obtain any of the records required above, you must submit documentation on **official letterhead** from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. **Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**



**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.**

## EMPLOYER'S VERIFICATION FORM

(For Journeyman, Residential Journeyman, Master and Residential Master Plumbing Applicants Only)

### MUST BE COMPLETED BY THE EMPLOYER FOR THE APPLICANT:

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Full Middle Name: \_\_\_\_\_

- Licensed Apprentice (*Appr*), Journeyman Plumber (*JP*), Residential Journeyman Plumber (*RJP*), Master Plumber (*MP*) and Residential Master Plumber (*RMP*).
- A Journeyman Plumber must complete at least seven of the nine work experience areas listed.
- A Journeyman Plumber must have at least 8,000 hours of on the job work experience training and approved educational instruction in not less than 4 years **OR** 16,000 hours of on the job training in not less than 8 years as a licensed apprentice.
- A Residential Journeyman Plumber is not required to complete the "General pipe work including process and industrial hours" work area of experience. Out of the remaining eight work experience areas listed above, a Residential Journeyman Plumber must complete at least six.
- A Residential Journeyman Plumber must have at least 6,000 hours of on the job work experience and approved educational instruction in not less than three years **OR** 12,000 hours of on the job training in not less than 6 years as a licensed apprentice.
- **Work experience is to be documented on this form. Work experience is to total at least 2,000 hours for each twelve month period worked and no more than 2,000 hours of work experience will be granted for each twelve month period.**

Dates Employed: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**Total hours doing plumbing work for this employer during the time period noted above:**

Work Experience Area	Hours Worked as <i>Appr</i>	Hours Worked as <i>JP</i>	Hours Worked as <i>RJP</i>	Hours Worked as <i>MP</i>	Hours Worked as <i>RMP</i>
General pipe work including process and industrial hours. <i>Required: JP 600 hrs</i>					
Use of hand tools, equipment and pipe machinery. <i>Required: JP 200 hrs; RJP 100 hrs</i>					
Installation of piping for waste, soil, sewer and vent lines. <i>Required: JP 2,000 hrs; RJP 1,600 hrs</i>					
Installation of hot and cold water for domestic purposes. <i>Required: JP 1,400 hrs; RJP 1,200 hrs</i>					

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<b>Work Experience Area</b>	<b>Hours Worked as <i>Appr</i></b>	<b>Hours Worked as <i>JP</i></b>	<b>Hours Worked as <i>RJP</i></b>	<b>Hours Worked as <i>MP</i></b>	<b>Hours Worked as <i>RMP</i></b>
Installation and setting of plumbing appliances and fixtures. <i>Required: JP 1,400 hrs; RJP 1,000 hrs</i>					
Maintenance and repair of plumbing. <i>Required: JP 600 hrs; RJP 600 hrs</i>					
Gas piping and service piping. <i>Required JP 400 hrs; RJP 400 hrs</i>					
Welding, soldering and brazing as it applies to the trade. <i>Required: JP 100 hrs; RJP 100 hrs</i>					
Service and maintenance of gas controls and equipment. <i>Required : JP 100 hrs; RJP 100 hrs</i>					
<b>Total Hours</b>					

**TO BE COMPLETED BY THE VERIFYING EMPLOYER:**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Plumbing Contractor's License Number: \_\_\_\_\_

**I attest the information provided herein is true and correct and the above applicant worked for this employer for the number of hours at the type of work indicated.**

Signature of Employer Representative: \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Employer Representative: \_\_\_\_\_

Title of Employer Representative: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Division of Occupational and Professional Licensing  
 160 East 300 South, P.O. Box 146741  
 Salt Lake City, Utah 84114-6741  
 Fax: (801) 530-6511

## EMPLOYER'S SUPERVISORY VERIFICATION FORM

*(For Master and Residential Master Plumbing Applicants Only)*

**MUST BE COMPLETED BY THE EMPLOYER FOR THE APPLICANT:**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Full Middle Name: \_\_\_\_\_

**Note: 4,000 hours of supervisory work experience is required for the master license classifications and is to be documented on this form. Work experience is to total at least 2,000 hours for each twelve month period worked and no more than 2,000 hours of work experience will be granted for each twelve month period.**

Dates Employed: from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Total hours doing supervisory plumbing work experience for this employer during the time period noted above:*

Supervisory Work Experience Area	Hours Worked as <i>JP</i>	Hours Worked as <i>RJP</i>	Hours Worked as <i>MP</i>	Hours Worked as <i>RMP</i>
Supervising employees. <i>Required: 700 hrs</i>				
Supervising construction projects. <i>Required: 700 hrs</i>				
Cost/price management. <i>Required: 300 hrs</i>				
Miscellaneous construction experience in one or more of the following: accounting/financial principles, contract negotiations, conflict resolutions, marketing, human resources and government regulation pertaining to business and the construction trade. <i>Required: 300 hrs</i>				
<b>Total Hours</b>				

- **Licensed Journeyman Plumber (JP), Residential Journeyman Plumber (RJP), Master Plumber (MP) and Residential Master Plumber (RMP).**
- **Master/Residential Master License Classifications:** A separate verification form is to be used for each employer.
- This verification form can be copied and is to be used to verify full time supervisory experience for each employer. Supervisory experience shall be obtained while licensed in the proper license classification as either a journeyman or residential journeyman plumber. Supervisory experience

shall be obtained as an employee of a licensed plumbing contractor, whose employer covers the applicant with workers compensation and unemployment insurance and deducts federal and state taxes from the applicant's compensation. Supervisory experience shall be under the immediate supervision of the applicant's employer. (See Utah Administrative Rule R156-55c-302d.)

- A **Master Plumber** must be a licensed journeyman plumber for at least two years and complete at least two years (4,000 hours) of supervisory experience. These two requirements may be completed at the same time.
- **Education:** a year (2,000 hours) of supervisory experience may be granted for successful completion of an approved applied science, similar, or higher education degree in accounting, apprenticeship, business management, communications, computer systems and computer information systems, engineering, environmental technology, finance, human resources or marketing. (See Administrative Rule R156-55c-302d (3).) All applicants, including those with an approved degree, must complete the "required" minimum hours listed in the above chart for each area of supervisory experience.
- A **Residential Master Plumber** must be a licensed as a residential journeyman plumber for at least two years and complete at least two years (4,000 hours) of supervisory experience. These two requirements may be completed at the same time. Applicants must complete the "required" minimum hours listed in the above chart for each area of supervisory experience.

**TO BE COMPLETED BY THE VERIFYING EMPLOYER**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Plumbing Contractor's License Number: \_\_\_\_\_

**I attest the information provided herein is true and correct and the above applicant worked for this employer as a W2 employee for the number of hours at the type of supervisory work indicated.**

Signature of Employer Representative: \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Employer Representative: \_\_\_\_\_

Title of Employer Representative: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

## REQUEST FOR VERIFICATION OF LICENSE

*(Use this form to verify licensure from another state, if applicable.)*

### PART 1 - TO BE COMPLETED BY THE APPLICANT:

If you have passed the trade exam in another state request that state to include the examination information on this form and return it to you for submission with your application.

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number and Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

I am requesting licensure in the state of Utah as a: \_\_\_\_\_

I am/have been licensed in your state under the name: \_\_\_\_\_

My Social Security Number is: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

My Date of Birth is: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

My license number in your state is/was: \_\_\_\_\_

I have enclosed your state's required verification fee in the amount of: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### PART 2 - TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The qualifier will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: \_\_\_\_\_

Name of Licensee (*as it appears in verifying state's records*): \_\_\_\_\_

*(Continued next page)*

Name of Qualifying Person: \_\_\_\_\_

Classification of License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

Original Date of Licensure: \_\_\_/\_\_\_/\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

Continuously Licensed:

Yes  No, please explain: \_\_\_\_\_

Licensed By:

Exam, Type: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Examination Scores: \_\_\_\_\_

Education Required For Licensure: \_\_\_\_\_

Disciplinary Action or Pending Disciplinary Action:

No  Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(SEAL)

Email: \_\_\_\_\_

Agency: \_\_\_\_\_