

APPLICATION FOR JOURNEYMAN PLUMBER LICENSE

DO NOT WRITE IN THIS SPACE

VERMONT PLUMBERS' EXAMINING BOARD

[2 YEAR] License Fee of \$70.00 must accompany the application. Please send check or money order made payable to the Vermont Plumbers' Examining Board. Please do not send cash through the mail.

Mail to: PLUMBERS' EXAMINING BOARD
DEPT OF PUBLIC SAFETY, DIVISION OF FIRE SAFETY
1311 U.S. ROUTE 302 - BERLIN
SUITE 600
BARRE, VT 05641-2351
Phone No. (802) 479-7564

Received:
Fee:
Check/M.O. #:
Date Exam Passed:
Date Lic. Issued:
License Number

This application form must be filled out correctly, completely and legibly or it will be returned. ANSWERS MUST BE IN INK!!.

1. Name (First) (Middle Ini.) (Last) (Tel. No.)

2. Mailing Address: (Street) (Town or City) (State) (Zip)

3. Legal Home Address: (Street) (Town or City) (State) (Zip)

4. Date of Birth: (month) (day) (year) Place

5. Social Security Number: Sex

Table with 4 columns: Education (Years), Name of School, Address, Dates Attended-Diploma? Rows include Elem. School, High School, Prep. School, College, and Other (Specify).

7. Experience: Give Names and Address of plumbing employers for at least the past four years, beginning with your earliest employment and ending with present employer.

Name of Employer (Telephone) From To

Address: To

Name of Employer (Telephone) From To

Address: To

Name of Employer (Telephone) From To

Address: To

Name of Employer (Telephone) From To

Address: To

Name of Employer (Telephone) From To

Address: To

8. Were you a Registered Apprentice? _____ Where? _____

9. Did you receive a Completion Certificate of Apprenticeship? _____

If Yes, Please enclose a copy.

10. State Actual Time Served at Plumbing Trade:

- (a) Apprentice _____ Yrs. _____ Mos.
- (b) Journeyman _____ Yrs. _____ Mos.
- (c) Other (specify) _____ Yrs. _____ Mos.

11. Indicate number of months served in the following categories:

	NUMBER OF MONTHS	FROM	TO
Sanitary Plumbing	_____	_____	_____
Heating	_____	_____	_____
Sheetmetal	_____	_____	_____
Oil Burner	_____	_____	_____
Other (Specify)	_____	_____	_____
Total	_____	_____	_____

12. Are you licensed as a plumber in another state or municipality? _____

If Yes, Where _____ **Address:** _____
License No. _____

13. Have you previously applied for a Vermont plumber's license? _____ When? _____

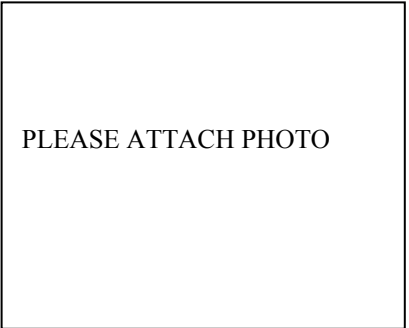
Applicants licensed in another state must furnish signed statement from licensing office attesting to license validity, license number and initial date of issue.

You must obtain reference Affidavits from at least three licensed plumbers (or retired formerly licensed plumbers), including telephone numbers, attesting to your ability as a plumber to become a journeyman plumber in Vermont. Plumbers for reference must be licensed by the Vermont Plumber's Examining Board or by a state or municipality with equivalent licensing standards to Vermont's. You should obtain these documents and attach them to this application for submittal to the Board. If you hold an apprenticeship completion certificate, you may omit the reference requirement as the state statutes in that case grant you permission to be examined.

14. REMARKS on Experience in plumbing or related training. Be specific. (Add sheet if necessary for more information.)

I hereby certify that this application contains no willful misrepresentations or falsifications, and that the information given by me is true and complete to the best of my knowledge and belief.

Date: _____ Signed: _____



FALSIFICATION OF ANY INFORMATION PROVIDED SHALL BE GROUNDS FOR REVOCATION OF LICENSE

PLUMBERS' EXAMINING BOARD AFFIDAVIT*

APPLICANT NAME: _____ DATE: _____

ADDRESS: _____ TELEPHONE: _____

CITY OR TOWN: _____ STATE: _____ ZIP CODE: _____

TO THE PLUMBERS' EXAMINING BOARD:

This affidavit verifies my employment status from _____ to _____ for the purpose of qualifying for the

_____ Master Plumber Examination

_____ Journeyman Plumber Examination

EMPLOYER AFFIDAVIT OF EXPERIENCE

I _____, hereby subscribe to and vouch for the statement made by _____

(applicant) on their application for consideration for the marked request. I have employed this applicant in the capacity of

_____ and the employment amounted to a total accumulated time of _____ hours.

Such employment consisted of installation of:

I understand that providing false information to the Plumbers' Examining Board about the information provided herein is grounds for disciplinary action against my license. I may be asked to appear before the Board and explain my work involvement the applicant.

SIGNED: _____ MASTER LICENSE NO: _____

COMPANY NAME: _____ POSITION: _____

ADDRESS: _____ TEL. NO.: _____

CITY OR TOWN: _____ STATE: _____ ZIP CODE: _____

At _____, this _____ day of _____, 20____, _____ personally appeared and he gave his/her
city/town day month name of employer
oath to the truth of the foregoing.

Before me _____
Notary Public
(Notary seal necessary for oaths taken outside of Vermont)

* Please type or print clearly. This page may be reproduced if additional forms are needed.

TAX CERTIFICATION ON LICENSE APPLICATIONS

By law (32 V.S.A. Section 3113) no agency of the State may renew a license or other authority to conduct a trade or business (including a license to practice a profession) unless the licensee first certifies, under the pains and penalties of perjury, that he or she is in good standing with the Department of Taxes. A person is in good standing if no taxes are due and payable and all returns have been filed, if the liability for any tax that may be due is on appeal, if the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or if the licensing authority determines that immediate payment of taxes due and payable would pose an unreasonable hardship.

The maximum penalty for perjury is fifteen (15) years in prison, a \$10,000.00 fine or both.

CERTIFICATION OF COMPLIANCE WITH 32 V.S.A. SECTION 3113

I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to, or in full compliance with a plan approved by the Commissioner of Taxes to pay, any and all taxes due the State of Vermont as of the date of this application.

(Date)

(Signature)

IF YOU ARE NOT IN GOOD STANDING AT THIS TIME, you may do one of the following three (3) things:

- (1) Discontinue this license or license renewal application;
- (2) Arrange with the VT Department of Taxes to bring yourself into good standing through a payment plan approved by the Commissioner or otherwise;
- (3) Seek a determination from the licensing agency that immediate payment of taxes due and payable would impose an unreasonable hardship.

If you desire to continue this application, you should complete the statement below.

ALTERNATE CERTIFICATION

I am not in good standing with the Department of Taxes at this time and,

- _____ (a) I will arrange with the Department of Taxes to bring myself into good standing or;
- _____ (b) Seek a determination that immediate payment would impose an unreasonable hardship.

(Date)

(Signature)

Arrangements to achieve good standing should be made by contacting the Supervisor of Tax Collections, (802) 828-2804.

CHILD SUPPORT CERTIFICATION

Required by 15 V.S.A., Section 795

Under Vermont law no agency of the State may issue or renew a license unless the licensee first certifies, under the pains and penalties of perjury, that he or she is in good standing with regard to any obligation to pay child support (15 V.S.A. § 795)

If the license holder is a natural person (not a corporation or partnership), the license holder certifies that as of the date this license is issued or renewed, the license holder: **(circle appropriate response)**

- a. is not under any obligation to pay child support; or
- b. is under such an obligation and is in good standing with respect to that obligation;
or
- c. has agreed to a payment plan with the Vermont Office of Child Support Services and is in full compliance with that plan.

The license holder makes this certification with regard to any and all children residing in Vermont. In addition, if the license holder is a resident of Vermont, the license holder makes this statement with regard to support owed to any and all children residing in any other state or territory of the United States.

If you have any questions please contact the Office of Child Support, 103 South Main Street, Waterbury, VT 05676 (241-2180)

(Please sign below if you circled response A or B)

(DATE)

(SIGNATURE)

(Please sign below if you circled response C and contact the Office of Child Support at 241-2180)

(DATE)

(SIGNATURE)

**Fine or Penalty Certification
Required by 4 V.S.A. 1110**

Under Vermont law an agency of the State may not issue or renew a license or certification unless the licensee or certificate holder first certifies that he or she is in good standing with any obligation to pay a fine or penalty due to any unpaid judgment issued by the judicial bureau or district court.

The licensee or certificate holder hereby certifies that the licensee or certificate holder:

(circle appropriate response)

a. is not under any obligation to pay a fine or penalty due to any unpaid judgment issued by the judicial bureau or district court; or

b. is under such an obligation and is in good standing with respect to the obligation because 60 days or fewer have elapsed since the date a judgment was issued; or

c. is under such an obligation and is in good standing due to a repayment plan approved by the judiciary.

(sign below after circling a or b or c)

(date)

(signature)

If the licensee or certificate holder is not in good standing with any obligation to pay a fine or penalty due to any unpaid judgment issued by the judicial bureau or district court, contact:

Office of Court Administrator
109 State Street
Montpelier, VT 05609-0701
Telephone: 802-828-3278
FAX: 802-828-3457