



# APPLICATION FOR PLUMBING CONTRACTOR OR JOURNEYMAN PLUMBER LICENSING

State Form 56009 (R5 / 3-23)

**INDIANA PLUMBING COMMISSION  
PROFESSIONAL LICENSING AGENCY**  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204-2724  
Telephone: (317) 234-8800  
E-mail: pla14@pla.IN.gov  
www.pla.IN.gov

- INSTRUCTIONS:**
1. The initial application fee for a plumber contractor is \$50.00 and \$30.00 for a journeyman plumber, payable to the Indiana Professional Licensing Agency, in accordance with 860 IAC 1-1-2.1. Please consult <https://www.in.gov/pla/professions/indiana-plumbing-commission/fee-schedule/> for additional fee information in accordance with 860 IAC 1-1-2.1.
  2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
  3. All fees are non-refundable and non-transferable.

\* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

FOR OFFICE USE ONLY		
Application fee	Date fee paid (month, day, year)	Receipt number
License number	Date issued (month, day, year)	

**DO NOT WRITE ABOVE THIS LINE**

Application type:       Journeyman Plumber       Plumbing Contractor

### SECTION 1 - APPLICANT INFORMATION

*To be completed by all applicants.*

Name of applicant (last, first, middle, maiden)

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Social Security Number*	Date of birth (month, day, year)
Address (number and street or rural route number)	City, state, and ZIP code
Telephone number (daytime) (      )	Email address

Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select one of the following.)

I am a United States Citizen.

I am a qualified alien (as defined under 8 U.S.C. § 1641).

I am authorized by the Federal Government to work in the United States.

Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an active duty member of the military? (Optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### STATES OF LICENSURE

List all states in which you hold or have held a plumbing related professional or trade license, registration, or permit.

TYPE OF LICENSE	STATE	NUMBER	DATE ISSUED (month, day, year)	STATUS

**QUESTIONS**

If your answer is "Yes" to any of the following, explain fully in a signed written statement, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, or permit that you hold or have held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been denied a license, certificate, registration or permit in any state (including Indiana)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,	
(1) have you ever been arrested;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) have you ever been convicted of any offense, misdemeanor, or felony in any state;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have any condition or impairment (including a history of alcohol or substance abuse) that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 2 – INDIANA RESIDENTS**

**INSTRUCTIONS:** For applicants that have completed a four (4) year apprenticeship in an approved program.

To be completed by the approved Apprentice School Official.

- Applicants who qualify under this section must complete sections 1 and 2 of this application. No other sections are required.
- The Certificate of Completion on page 4 of this application must be completed by the manager of the applicant's approved apprenticeship program and submitted to the Commission for processing.

I have successfully completed the following four (4) years of training and successfully passed a practical examination in an approved apprenticeship program satisfying the requirements as defined in commission rule 860 IAC 1-1-9 and 860 IAC 2-1-7.1.

Name of apprenticeship program sponsor	Telephone number ( <i>daytime</i> ) (      )
Address ( <i>number and street, city, state, and ZIP code</i> )	
Date of enrollment ( <i>month, year</i> )	Email address

**SECTION 3 – FOR OUT-OF-STATE AND INDIANA LICENSED PLUMBER APPLICANTS ONLY**

**INSTRUCTIONS:** For licensed Journeyman Plumbers, Plumbing Contractors, or Master Plumbers applying for Indiana Plumbing Contractor license.

To be completed by an Indiana Journeyman Plumber license holder and out-of-state Journeyman Plumber, Plumbing Contractor, or Master Plumber license holder:

- Applicant must submit a certified copy of their current license(s) if issued by another state.
- Applicants are required to have a minimum of four (4) years of license plumbing experience as defined in IC 25-28.5-1-12 and 860 IAC 1-1-11.
- The Experience in Plumbing Trade on page 5 of this application must be completed by your employer, notarized, and submitted to the Commission for processing.
- Employer's license number is required on application per 860 IAC 1-1-10.
- Applicants who qualify under this section must complete section 1 and 3 of this application. No other sections are required.

I have successfully 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 ( <i>if available</i> ) PC	
Address ( <i>number and street, city, state, and ZIP code</i> )			
County	Telephone number (      )	Dates of employment ( <i>month, day, year</i> ) From _____ To _____	
Name of employer		Plumbing contractor license number ( <i>if available</i> ) PC	
Address ( <i>number and street, city, state, and ZIP code</i> )			
County	Telephone number (      )	Dates of employment ( <i>month, day, year</i> ) From _____ To _____	
Name of employer		Plumbing contractor license number ( <i>if available</i> ) PC	
Address ( <i>number and street, city, state, and ZIP code</i> )			
County	Telephone number (      )	Dates of employment ( <i>month, day, year</i> ) From _____ To _____	

**SECTION 4 – EXPERIENCE IN A PLUMBING BUSINESS**

**INSTRUCTIONS:** For non-licensed applicants applying for Indiana Plumbing Contractor license.

To be completed by non-licensed and nonregistered individuals who are applying by the provision of experience in the Plumbing Business as allowed in IC 25-28.5-1-12.

- Applicant must submit a notarized affidavit prepared by their licensed employer verifying the applicant's plumbing business experience, duties, and employment dates. Applicants who are unable to obtain any employer affidavit must submit a notarized affidavit stating the inability and reason why.
- The Indiana Plumbing Commission under the authority of 860 IAC 1-1-10 may, after review of the application, request additional information or supporting documents.
- Applicants are required to have a minimum of four (4) years of Plumbing Business experience.
- Applicants who qualify under this section must complete sections 1 and 4 of this application. No other sections are required.

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 1-1-10; as verified by licensed contractor(s).

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

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency or Board, or any of its authorized representatives in connection with processing application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

**AFFIRMATION**

I affirm, under penalties for perjury, that the foregoing representations are true.

Signature of applicant	Date (month, day, year)
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# CERTIFICATE FOR COMPLETION FOR PLUMBING APPRENTICESHIP

Part of State Form 56009 (R5 / 3-23)

This page is to be completed by the manager of the approved apprenticeship program sponsor and submitted by mail, e-mail, or applicant upload to:

Indiana Plumbing Commission  
Professional Licensing Agency  
402 W. Washington St. Room W072  
Indianapolis, Indiana 46204-2724  
E-mail: [pla14@pla.in.gov](mailto:pla14@pla.in.gov)

Name of applicant ( <i>last, first, middle</i> )	Date of birth ( <i>month, day, year</i> )
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## APPROVED APPRENTICESHIP PROGRAM SPONSOR CERTIFICATION OF COMPLETION

I hereby certify that \_\_\_\_\_ successfully completed  
*Name of apprentice*  
four (4) years of training and successfully passed a practical examination in an approved apprenticeship program, per 860 IAC 1-1-9 and 860 IAC 2-1-7.1.

Date of enrollment ( <i>month, year</i> )	Signature of manager of approved apprenticeship program sponsor
Date of completion ( <i>month, year</i> )	Date signed ( <i>month, day, year</i> )

# EXPERIENCE IN PLUMBING TRADE

Part of State Form 56009 (R5 / 3-23)

Note: This page may be used for Out-of-State and Indiana Licensed Plumber Applicants.

This document is to be completed by the applicant's employer and submitted by mail, e-mail, or applicant upload to:

Indiana Plumbing Commission  
Professional Licensing Agency  
402 W. Washington St. Room W072  
Indianapolis, Indiana 46204-2724  
E-mail: [pla14@pla.in.gov](mailto:pla14@pla.in.gov)

Name of applicant ( <i>last, first, middle</i> )	Date of birth ( <i>month, day, year</i> )
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## EMPLOYER AFFIDAVIT OF EXPERIENCE IN PLUMBING TRADE

I hereby certify that \_\_\_\_\_ successfully worked in the plumbing business as  
*Name of applicant*  
defined in commission rule 860 IAC 1-1-10 for the period of \_\_\_\_\_ to \_\_\_\_\_.  
*Date (month, day, year)* *Date (month, day, year)*

Date of enrollment ( <i>month, year</i> )	Signature of manager of approved apprenticeship program sponsor
Date of completion ( <i>month, year</i> )	Date signed ( <i>month, day, year</i> )

## NOTARY CERTIFICATE

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	Signature of Notary Public	
Printed or typed name of employer	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public ( <i>month, day, year</i> )	County of residence	Date commission expires ( <i>month, day, year</i> )