



APPLICATION FOR PLUMBING CONTRACTOR OR JOURNEYMAN PLUMBER LICENSING

State Form 56009 (R6 / 3-25)

**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)

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

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
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Address (number and street, city, state, and ZIP code)

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

County	Telephone number ()	Dates of employment (month, day, year) From _____ To _____
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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

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

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>)