APPLICATION FOR PLUMBING CONTRACTOR OR JOURNEYMAN PLUMBER LICENSING

State Form 56009 (R7 / 11-25)

Reset Form

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.*
4. *Supplemental Documentation must be provided by submitting State Form 9900369.*

* 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)*	Are you an active duty member of the military? *(Optional)*
☐ Yes ☐ No	☐ Yes ☐ No

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? ☐ Yes ☐ No

2. Have you ever been denied a license, certificate, registration or permit in any state (including Indiana)? ☐ Yes ☐ 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; ☐ Yes ☐ No
   (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; ☐ Yes ☐ No
   (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; ☐ Yes ☐ No
   (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or Yes No
   (5) have you ever pled *nolo contendere* to any offense, misdemeanor, or felony in any state? ☐ Yes ☐ No

4. Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice in a competent, ethical, and professional manner? ☐ Yes ☐ 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 *(daytime)* ( )
Address *(number and street, city, state, and ZIP code)*	
Date of enrollment *(month, year)*	Email address

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)*