

APPLICATION FOR PLUMBING CONTRACTOR OR JOURNEYMAN PLUMBER LICENSING State Form 56009 (R6 / 3-25)

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-plumbingcommission/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, yea	ar)	Receipt number		
License number		Date issued (month, day, year)			
	DO NOT WRITE A	BOVE THIS LINE			
Application type: Journeyman Plumber Plumbing Contractor					
To be completed by all applicants.	SECTION 1 - APPLIC	ANT INFORMATION			
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, <i>state</i> , and ZIP code			
Telephone number (daytime)		Email address			
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I sw	vear 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 und	er 8 U.S.C. § 1641).				
I am authorized by the Federal Gove	rnment 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? Are you an active duty member of the military? (Optional) (Optional) Yes No			es 🗌 No		
List all states in which way hold as how h	STATES OF I		ormait		
List all states in which you hold or have h	eid a piumbing related professional or tra	ide license, registration, or p	ermit.	r	
TYPE OF LICENSE	STATE	NUMBER	DATE ISSUED (month, day, year)	STATUS	

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; (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or (5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state? 4. Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would 					No No No No No No No
	lity to practice in a competent, ethical, an			Yes	∐ No
		NDIANA 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 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 					
Name of apprenticeship program sponsor	d in commission rule 860 IAC 1-1-9 and 8	00 AC 2-1-7.1.	Telephone number (daytime)		
Address (number and street, city, state, and ZIP code) (
Date of enrollment <i>(month, year)</i>		Email address			
Date of enrollment (<i>month, year)</i>					
SEC	TION 3 – FOR OUT-OF-STATE AND IND	DIANA LICENSED PLUMBER APP	PLICANTS 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. 					
 Applicants who qualify under the second secon			ections are required.	e Commissi	on for
	er this section must complete section 1 an owing four (4) years of experience in the	nd 3 of this application. No other se	•		
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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 То) Name of licensed plumbing contractor Plumbing contractor license number PC Address (number and street, city, state, and ZIP code) Dates of employment (month, day, year) County Telephone number From То)

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)

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: <u>pla14@pla.in.gov</u>

Name of applicant (last, first, mido	lle)
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Date of birth (month, day, year)

APPROVED APPRENTICESHIP PROGRAM SPONSOR CERTIFICATION OF COMPLETION

I hereby certify that	ice successfully completed			
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 (month, year)	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

Date of birth (month, day, year)
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EMPLOYER AFFIDAVIT OF EXPEIRIENCE 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 (month, year) Signature of manager of approved apprenticeship program sponsor Date of completion (month, year) Date signed (month, day, year) NOTARY CERTIFICATE STATE OF ____ } ss: COUNTY OF _____ ١, , 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 (month, day, year) County of residence Date commission expires (month, day, year)