



# APPLICATION FOR REGISTRATION AS AN APPRENTICE PLUMBER

State Form 2557 (R18 / 11-25)

**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](mailto:pla14@pla.IN.gov)  
[www.pla.IN.gov](http://www.pla.IN.gov)

- INSTRUCTIONS:**
1. The fee for this application is \$10.00, payable to the Indiana Professional Licensing Agency, in accordance with 860 IAC 2-1-6.
  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. Please refer to the instructions on our website, [www.pla.in.gov](http://www.pla.in.gov), for the licensing requirements.
  5. Attach a copy of "APPRENTICESHIP AGREEMENT" from the Bureau of Apprenticeship Training, U.S. Department of Labor, (866-487-9243) and by certifying organization which is accepted by the Indiana Plumbing Commission.
  6. **The plumbing contractor / journeyman plumber by whom you are employed must complete State Form 9900366 Approved Apprenticeship Program Sponsor Certification.**

\* Your Social Security number is being requested by this state agency 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 issued	Date license issued (month, day, year)	

## DO NOT WRITE ABOVE THIS LINE

## APPLICANT INFORMATION

Name of applicant (last, first, middle, maiden)	
Social Security number *	Date of birth (month, day, year)
Address of applicant (number and street or rural route)	City, state, and ZIP code
Telephone number (daytime) ( )	E-mail address
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select ONLY ONE of the following.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 USC § 1641). <input type="checkbox"/> 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

## QUESTIONS

If your answer is ☐ Yes ☐ No 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. Do not file this application without this documentation.

1. Has disciplinary action ever been taken regarding any license, certificate, registration or permit 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; (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?	<table><tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr><tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr><tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr><tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr><tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr></table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<input type="checkbox"/> Yes	<input type="checkbox"/> No										
<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										

#### 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 any of its authorized representatives in connection with processing my 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*)