



APPLICATION FOR JOURNEYMAN PLUMBER EXAMINATION FOR LICENSING

State Form 40602 (R20 / 9-17)
Approved by State Board of Accounts, 2017

**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. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements and <http://www.in.gov/pla/2762.htm> for the fee 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 the disclosure of your Social Security number in accordance with Indiana Code 4-1-8-1; disclosure is mandatory and this record cannot be processed without it. Social Security numbers will be made available to the Department of Revenue.

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

SECTION 1 - APPLICANT INFORMATION (To be completed by all applicants.)

Name of applicant (last, first, middle, maiden)		Social Security number *	
Address of applicant (number and street or rural route)		City, state, and ZIP code	
Date of birth (month, day, year)	Place of birth (city and state or country)		
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 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 U.S.C. § 1641).			
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			

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 OF ISSUE (month, day, year)	STATUS

PERSONAL BACKGROUND

If your answer is "Yes" to any of the following, explain fully in a signed and notarized statement, including all related details; include the violation, location, date and disposition. Letters from attorneys or insurance companies are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of the permit issued pursuant to this application.

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;	<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

APPLICATION AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete, and correct.

Signature of applicant	Date signed (month, day, year)
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EMPLOYER AFFIDAVIT OF EXPERIENCE IN PLUMBING TRADE

I hereby certify that _____ has worked in the plumbing business as defined in commission rule 860 IAC 1-1-10 for the period of _____ to _____.

Name of applicant
Date (month, day, year) *Date (month, day, year)*

Signature of employer or licensed plumbing contractor	Name of company or plumbing business	Plumbing contractor license number
Address (number and street, city, state, and ZIP code)		Date signed (month, day, year)

Licensees who submit false information may be subject to disciplinary action by the Indiana Plumbing Commission.

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 (month, day, year)	County of residence	Date commission expires (month, day, year)

PLEASE TAPE YOUR PHOTOGRAPH BELOW (DO NOT STAPLE).
(You must place your signature on the front of your photograph.)