APPLICATION FOR TEMPORARY PLUMBING CONTRACTOR'S LICENSE State Form 45819 (R3 / 7-12)

Approved by State Board of Accounts, 2012

INSTRUCTIONS: 1. Please type or print clearly in ink.

2. All fees are non-refundable and non-transferable.

PROFESSIONAL LICENSING AGENCY 402 West Washington Street, Room W072 Indianapolis, Indiana 46204 Telephone: (317) 234-3022 http://www.in.gov/pla

FOR O	FFICE USE ONLY	
APPLICATION FEE:		APPLICANT Attach one (1) passport type quality photograph of yourself taken within the last eight (8) weeks.
DATE FEE PAID (month, day, year):		
RECEIPT NUMBER:		
LICENSE NUMBER:		
DATE OF ISSUE (month, day, year):		

* Your Social Security number is being requested by this state agency in accordance with IC 25-1-5-11. Disclosure is mandatory, and this record cannot be processed without it.

DO NOT WRITE ABOVE THIS LINE

NOTE

- 1. This application will be returned if incomplete.
- 2. Temporary plumbing contractor's license may be issued to an applicant who has an ownership interest in or is an officer of a a contracting business, if the plumbing contractor licensee operating the business has died or is physically or mentally unable to operate the business. Please submit proof of said imapirment.
- 3. Temporary plumbing contractor's license does not enable the holder to perform actual plumbing services unless holder is a currently licensed
- plumbing journeyman or a currently licensed plumbing contractor.

 The holder of a temporary license may employ a journeyman to perform actual plumbing services pursuant to the temporary license. If the holder is a licensed journeyman, the holder may perform plumbing contracting under the authority of the temporary license.
- A temporary license will be issued in six (6) month increments, not to exceed two (2) years

o. Attemption in period will be record in each (e) mental increments, not to exceed the (2) years.						
LICENSURE INFORMATION						
Name of plumbing contractor company or corp	porate name		Telephone number			
			()			
Address (number and street, city, state, and Z	(IP code)					
1. If the plumbing contracting business is a co	rporation, indicate the corporation plumbing	contractor license number				
2. Name of deceased or physically or mentally	y incapacitated plumbing contractor licensee	, operating the business				
Plumbing contractor license number		Date of death or physical or mental incapacity (month, day, year)				
If the license holder of the business is not dec	eased, describe the physical or mental incap	pacity which is the basis for application for ter	nporary plumbing contractor's license:			
	ARRICANTI	NEORMATION				
APPLICANT INFORMATION 3. Full name of applicant for temporary plumbing contractor's license (first, middle, last)		NFORMATION	Date of birth (month, day, year)			
3. Full flame of applicant for temporary plumb	ing contractor's licerise (iirst, middle, fast)		Date of birtif (month, day, year)			
		I				
Residence address (number and street, city, state, and ZIP code)		E-mail	address			
Residence telephone number	Social Security number If applicant is a licensed journeyman p		olumber, indicate license number:			
()						
4. If applicant is not a licensed journeyman, please indicate the name and license number of the licensed journeyman plumber or plumbing contractor who will perform actual						
plumbing services pursuant to the temporary license.						
Name of licensed journeyman plumber or plumbing contractor		License number of journeyman plumber or plumbing contractor				
	-		_			
Does applicant have an ownership interest		6. Is applicant an officer of the above named company or corporation?				
in the above named company or corporation?			☐ Yes ☐ No			
If the answer to question 6 is in the affirmative						

CERTIFICATION OF NOTARY					
STATE OF					
COUNTY OF					
I,,having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.					
Signature of applicant	Signature of Notary Public				
Printed or typed name of applicant	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)			