



APPLICATION FOR TEMPORARY PLUMBING CONTRACTOR'S LICENSE

State Form 45819 (R5 / 7-22)

**INDIANA PLUMBING COMMISSION
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-8800
E-mail: pla14@pla.IN.gov
www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$25.00, payable to the Indiana Professional Licensing Agency, in accordance with 860 IAC 1-1-8.
 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.

* Your Social Security Number is being requested by this 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	Date of issue (month, day, year)	

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 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 impairment.
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.
4. 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.
5. A temporary license will be issued in six (6) month increments, not to exceed two (2) years.

APPLICANT INFORMATION

Full name of applicant for temporary plumbing contractor's license (first, middle, last)		Date of birth (month, day, year)
Residence address (number and street, city, state, and ZIP code)		Email address
Residence telephone number ()	Social Security Number*	If applicant is a licensed journeyman plumber, indicate license number:
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
Does applicant have an ownership interest in the above named company or corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is applicant an officer of the above named company or corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the applicant is an officer of the company or corporation, indicate applicant's title.		

LICENSURE INFORMATION

Name of plumbing contractor company or corporate name	Telephone number ()
Address (number and street, city, state, and ZIP code)	
If the plumbing contracting business is a corporation, indicate the corporation plumbing contractor license number	
Name of deceased or physically or mentally 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 deceased, describe the physical or mental incapacity which is the basis for application for temporary plumbing contractor's license:	

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*)