



**APPLICATION FOR APPROVAL OF  
PLUMBING APPRENTICE SCHOOL**

State Form 49995 (R2 / 1-15)

Approved by State Board of Accounts, 2015

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

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**

*Check one:*  
 New Application     Annual Update

Name of school \_\_\_\_\_

Address (number and street, city, state, and ZIP code) \_\_\_\_\_ County \_\_\_\_\_

Telephone number (        )	Fax number (        )	Bureau of Apprenticeship training number / program number (if applicable)
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Name of manager or contact person \_\_\_\_\_ E-mail address \_\_\_\_\_

SCHOOL SUBJECTS (Use a separate sheet of paper for additional subjects and hours.)	
Subjects	Hours

NOTARY CERTIFICATE		
<p>I, the undersigned, submit this application in conformance with 860 IAC 2-1-7. I understand that any violations of the license laws or rules of the Indiana Plumbing Commission may cause loss of approval. I also understand that the Indiana Plumbing Commission shall be notified of any change of name, manager, contact person, or address. I certify that the information given in this application is true and correct to the best of my knowledge.</p>		
STATE OF: _____ } <b>SS</b> COUNTY OF: _____		
Signature of manager / contact person	Signature of Notary Public	
Printed or typed name of manager / contact person	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)