



## PLUMBERS LICENSE APPLICATION INSTRUCTIONS

**\*Applications must be completed in blue or black ink and only original copies will be accepted. Anything incomplete, illegible or containing whiteout will be returned and will delay the application process.\***

### Section 1: Application Type and Fees

- Limited Licensure; Specialists (P1 and P2) - At least one of the following must also be included with application
  - Required to be a registered apprentice with Vermont State Apprenticeship Council \* as of 9-1-11. Documentation of 2,000 hours of experience covered by a completion certificate from the Vermont Department of Labor.
  - **OR** Any person who completes an application for a Specialist license and documents successful completion of 4,000 of on-the-job training hours documented by affidavits from a P1 or P2 licensed Specialist or licensed Master Plumber as well as formal instruction greater than or equal to 144 hours (1 year of school).
    - Application Fee - \$50.00 per Specialty Field
- Limited Licensure; Specialists (P3) - At least one of the following must also be included with application
  - 4,000 hours of experience covered by documented affidavits by a P3 licensed Specialist or a Licensed Master Plumber AND Successful completion of a board-certified education course concerning water treatment.
  - **OR** Any person who completes an application for a Specialist license and documents successful completion of instruction, training and experience in or out of the state acceptable to the board.
    - Application Fee - \$50.00 per Specialty Field (All hours must be documented by affidavits from a P3 Licensed Specialist or Licensed Master Plumber)
- Journeyman - At least one of the following must also be included with application
  - Certificate of Completion provided by the Vermont State Apprenticeship Council
  - **OR** Any person who completes an application for a Journeyman license and proves with a certified statement of licensure or completed apprenticeship from another state acceptable to the board.
  - **OR** Any person who completes an application for a Journeyman license and documents successful completion of instruction, training and experience in or out of the state acceptable to the board (to include at least 12,000 hours)
  - If Reciprocal Military License, you must submit a copy of your DD-214 showing proof of Honorable discharge from Military no more than 2 years prior to submitting and a Copy of 12K Course completion or equivalent.
    - Application Fee - \$90.00 (All hours must be documented by affidavits from a licensed Master Plumber)
- Master - At least one of the following must also be included with application
  - Licensed as a Vermont Journeyman for at least 12 months
  - **OR** Currently licensed outside the state for 1 year equal to a Vermont Journeyman
  - **OR** Any person who completes an application for a Master License and documents successful completion of instruction, training and experience in or out of the state acceptable to the board. (to include at least 14,000 hours)
    - Application Fee - \$120.00 (All hours must be documented by affidavits from a licensed Master Plumber)

### Section 2: Applicant Information

- Legal Name – As it appears on your Driver's license or other legal form of identification. NO NICKNAMES or ABBREVIATIONS.
- Date of Birth: Please use format - MM/DD/YY
- Social Security Number: REQUIRED on all applications.
- Mailing Address: Please specify address where you can receive year-round mail to include licenses, renewal notices, and additional notices from the Division of Fire Safety.
- Email Address: REQUIRED on all Applications

**\*It is the responsibility of the applicant/licensee to notify the Division of Fire Safety if there is a change in address.\***

### Section 3: Employment Information, &

### Section 4: References to qualifications, &

### Section 5: Education Information, &

### Section 6: Experience Information

- Please complete all information requested in its entirety.

### Section 7: Affidavit of Applicant

- All applications MUST be signed AND notarized in order to be accepted. Notary seal only required for oaths taken outside of Vermont. You may also bring your unsigned application, and photo Identification to the Division of Fire Safety's Central Office to have it notarized.

### Section 8: Division Contact Information

- Please call or e-mail with any questions you have.
- Remember if the application is not correct or complete it will be returned for completion and delay the process.
- All applications are required to be postmarked or dropped off at the Division of Fire Safety's Central Office **TWO WEEKS PRIOR** to the board meeting date otherwise it will be put on a future agenda.

### Section 9: Compliance Questions

- All four questions must be answered and must be signed and dated at the bottom. These questions relate to State of Vermont obligations ONLY.

### Section 10: Employer Affidavit of Experience

- Applicant must complete name and address information at the top then this page can be reproduced and mailed/e-mailed/faxed to employers for their completion. HOWEVER, once completed by employer the completed signed **ORIGINAL** must be mailed back to the applicant so it can be included with remainder of application for submission to the Division of Fire Safety.



## PLUMBERS LICENSE APPLICATION

### ALL CLASSIFICATIONS

We are required by the state of Vermont to have these forms filled out for our records each time you apply for a Commission, License or Certification.  
**Be aware that if the information that is requested is not filled out completely it could be returned to you and delay the process.**

### SECTION 1: APPLICATION TYPE AND FEES

<input type="checkbox"/> Initial Application	<input type="checkbox"/> Reinstatement Request	<input type="checkbox"/> Additional Testing Request
<input type="checkbox"/> Master \$120.00 <input type="checkbox"/> Journeyman \$90.00	<input type="checkbox"/> Type S (check category below) \$ 50.00 per field  <input type="checkbox"/> P1 – Water Heater <input type="checkbox"/> P2 – Heating System <input type="checkbox"/> P3 – Water Treatment	
<input type="checkbox"/> Reciprocal Journeyman Military license (must include a copy of DD-214 and 12K Certification or Equivalent)		

### SECTION 2: APPLICANT INFORMATION

Full Legal Name: Last, First, Middle		Social Security Number:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address: Number/Street or P.O. Box		City	State	ZIP Code
Physical Address: Number/Street Only - <b>NO</b> P.O. Boxes		City	State	ZIP Code
Home Phone Number:	Cellular Phone Number:	Pager Number:		
Electronic Mail Address (E-Mail):		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		

### SECTION 3: EMPLOYMENT INFORMATION

Current Employer Name and Address:	Contact Name and Phone Number:
Duties as employee:	Employment Dates( mm/yyyy-mm/yyyy):
Employer Name and Address:	Contact Name and Phone Number:
Duties as employee:	Employment Dates( mm/yyyy-mm/yyyy):
Employer Name and Address:	Contact Name and Phone Number:
Duties as employee:	Employment Dates( mm/yyyy-mm/yyyy):

## SECTION 4: REFERENCES TO QUALIFICATIONS

Applicant will give the name and address of **not fewer** than three persons, unrelated to applicant, having knowledge of the applicant's plumbing background.

Name:	Address:	Telephone:
1.		
2.		
3.		
4.		

## SECTION 5: EDUCATION INFORMATION

Name and Location:	Dates Attended:	Diploma:
High School		<input type="checkbox"/> YES <input type="checkbox"/> NO
College		<input type="checkbox"/> YES <input type="checkbox"/> NO
Apprenticeship *(please explain)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Military		<input type="checkbox"/> YES <input type="checkbox"/> NO
Other (Specify)		<input type="checkbox"/> YES <input type="checkbox"/> NO

## SECTION 6: EXPERIENCE INFORMATION

If you currently hold a valid license in another state please attach a photocopy of each license.

If you have ever applied for a VT license before please indicate when: \_\_\_\_\_

Time Served as an Apprentice:	Yrs.	Mos.	
Time Served as a Journeyman:	Yrs.	Mos.	License #
Time Served as a Master:	Yrs.	Mos.	License #
Time Served as an Other (please specify):	Yrs.	Mos.	

## SECTION 7: AFFIDAVIT OF APPLICANT

*I hereby certify that this application contains no willful misrepresentation or falsifications, and that the information given by me is true and complete to the best of my ability.*

Date:	Signature:	Printed Name:
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Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature My Commission Expires \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_  
*(\*Notary signature required on all applications- Raised seal only required for oaths taken outside of Vermont\*)*

## SECTION 8: CONTACT INFORMATION

Questions: Please contact the Licensing Specialist @ (802) 479-7564 or [DPS.DFSLicensing@vermont.gov](mailto:DPS.DFSLicensing@vermont.gov)

Mail completed application and fees to:

Division of Fire Safety  
Attn: Plumbers Licensing Board  
1311 US RTE 302 – Suite 600 Berlin  
Barre, VT 05641-2351

**SECTION 9: Compliance Questions**

**Applicant's Statement Regarding: Child Support, Taxes, Unemployment Compensation, Fines & Penalties**

**Child Support** [15 V.S.A. § 795] - You must check one of the statements below regarding child support:

- I do not have any children, OR
- I do not owe any child support, OR
- I do owe child support, but am under a plan with the Office of Child Support to pay all child support due

This certification is in-regards to any children residing in Vermont, and where the license/certificate holder is a resident of Vermont, to any children residing in any other state or territory of the United States. For assistance contact the Office of Child Support, 103 South Main Street, Waterbury, VT 05676 [(802) 241-2180]

**Taxes** [32 V.S.A. § 3113] - You must check one of the statements below regarding taxes.

- All tax returns have been filed. I do not owe any taxes, OR
- I owe taxes but am under a plan with the Department of Taxes to pay all taxes due, or the tax payments are under appeal

To determine status of a payment plan or appeal, or for assistance, contact the supervisor of tax collections [(802) 828-6809]

**Unemployment Compensation** [21 V.S.A. § 1378] - You must check one of the statements below regarding unemployment contributions or payments in lieu of unemployment contributions.

- I am not now, nor have I ever been, an employer; OR
- I do not owe any unemployment compensation, OR
- I owe unemployment compensation but am under a plan with the Unemployment Division to pay any and all unemployment compensation due

To determine status of a payment plan, or for assistance, contact the department of labor [(802) 828-4254]

**Fine or Penalty** [4 V.S.A. § 1110] – You must check one of the statements below regarding a fine or penalty issued by the judicial bureau or district court.

- I am not under any obligation to pay a fine or penalty due to any unpaid judgment issued by the judicial bureau or district court, OR
- I am under such an obligation and am in good standing with respect to the obligation because 60 days or fewer have elapsed since the date a judgment was issues, or due to a repayment plan approved by the judiciary

For assistance contact the Office of Court Administrator, 109 State Street, Montpelier, VT 05609-0701 [(802) 828-3278]

**Statement of Applicant**

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure/certification or renewal. (The maximum penalty for perjury is 15 years in prison and/or a \$10,000 fine. 13 VSA § 2901)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 10: EMPLOYER AFFIDAVIT OF EXPERIENCE**

*This page may be reproduced if additional employment verification is necessary.*

Full Legal Name: Last, First, Middle	Date of Birth:	Telephone Number:	
Mailing Address: Number/Street or P.O. Box	City	State	ZIP Code

**~Shaded area below MUST be completed by the certifier in its entirety~**

I, \_\_\_\_\_, hereby subscribe to and vouch for the statement made by \_\_\_\_\_ (applicant) on their application for consideration for the marked request. I have employed/supervised/worked alongside the named applicant in the capacity of \_\_\_\_\_ for a total accumulated time of \_\_\_\_\_ hours.

*IN THE SPACE BELOW, LIST ALL SPECIFIC TRADE DUTIES (generalizations will not be accepted) APPLICANT PERFORMED OR SUPERVISED IN THE CLASSIFICATION FOR WHICH HE/SHE IS APPLYING.*

(Empty space for listing specific trade duties)

**\*\*I understand that providing false information to the Plumbers' Examining Board about the information provided herein is grounds for disciplinary action against my license. I may be asked to appear before the board and explain my work involvement with the applicant.\*\***

Date:	Signature:	Printed Name:
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My relationship to applicant is:

Employer     
 Fellow Employee     
 Foreman or Supervisor     
 Business Associate  
 Union Representative     
 Client (if applicant is self- employed)     
 Other: \_\_\_\_\_

Company Name:	License Number:	Position:
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Phone Number:	Facsimile Number:	Electronic Mail Address:
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Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

My Commission Expires \_\_\_\_\_

Notary Public Signature

State of \_\_\_\_\_ County of \_\_\_\_\_

**(\*Notary seal required for oaths taken outside of Vermont\*)**