



# DIVISION OF FIRE SAFETY

OFFICE OF THE STATE FIRE MARSHAL, THE STATE FIRE ACADEMY AND THE STATE HAZ-MAT TEAM

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## 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)** - Application Fee - \$50.00 per Specialty Field  
*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. **AND** Documentation of **2,000 hours of experience** covered by a completion certificate from the Vermont Department of Labor.
  - **Or** Any person who 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).
- **Limited Licensure; Specialists (P3)** - Application Fee - \$50.00 per Specialty Field  
*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** documentation of **successful completion of instruction, training and experience** in or out of the state acceptable to the board.
    - (All hours must be documented by affidavits from a P3 Licensed Specialist or Licensed Master Plumber)
- **Journeyman** - Application Fee - \$90.00  
*At least one of the following must also be included with application*
  - **Certificate of Completion** provided by the Vermont State Apprenticeship Council
  - **Universal License** is Currently licensed outside the state equal to a Vermont Journeyman, must obtain certified letter of licensure from issuing state and include proof of any and all Apprenticeship or schooling required to obtain that license and 8000 hours of experience.
  - **Completed Apprentices** will need documentation of successful completion of instruction, training and experience in or out of the state acceptable to the board (to include at least 12,000 hours of on the Job Training)
  - **Reciprocal Military License**, you must submit a copy of your DD-214 showing proof or Honorable discharge from Military no more than 2 years prior to submitting and a Copy of 12K Course completion or equivalent and 8000 hours of experience.
    - (All hours must be documented on Employer Affidavit of Experience forms signed by a licensed Master Plumber)
- **Master** - Application Fee - \$120.00  
*At least one of the following must also be included with application*
  - **Licensed as a Vermont Journeyman** for at least 12 months, please provide license number and copy of VT license.
  - **Currently licensed outside the state for 1 year equal to a Vermont Journeyman** Must show proof of Schooling and experience.
  - **Universal License**- Currently licensed outside the state equal to a Vermont Master, must obtain certified letter of licensure from issuing state (copy of License not acceptable) proof of any and all schooling required to obtain that license and proof of 12000 hours of experience.
  - **Reciprocal Military License**, you must submit a copy of your DD-214 showing proof or Honorable discharge from Military no more than 2 years prior to submitting and a Copy of 12K Course completion or equivalent, and 12000 hours of experience.
  - **OR Documented successful completion of instruction**, training and experience in or out of the state acceptable to the board. (to include **at least 14,000 hours of experience**)
    - (All hours must be documented on Employer Affidavit of Experience forms signed by a licensed Master Plumber)

### Section 2: Applicant Information (Please complete all information requested in its entirety)

- 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.

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

- Email Address: REQUIRED on all Applications

### Section 3: Employment Information, &

### Section 4: References to qualifications, &

### Section 5: Education Information, &

### Section 6: Experience Information

### Section 7: Affidavit of Applicant

- All applications MUST be signed AND notarized in order to be accepted. 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. Relating 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 included with remainder of application for submission to the Division of Fire Safety.



VERMONT DEPARTMENT OF PUBLIC SAFETY  
**DIVISION OF FIRE SAFETY**

[www.firesafety.vermont.gov](http://www.firesafety.vermont.gov)

Office of the State Fire Marshal, State Fire Academy and State HAZMAT Team



## 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 (please make all checks out to the Division of Fire Safety)

Initial Application	Reinstatement Request	Additional Testing Request
<input type="checkbox"/> <b>Master</b> \$120.00	<input type="checkbox"/> <b>Type S</b> (check category below) \$ 50.00 per field	
<input type="checkbox"/> <b>Journeyman</b> \$90.00	<input type="checkbox"/> P1-Water Heater <input type="checkbox"/> P2-Heating System <input type="checkbox"/> P3- Water Treatment	
<input type="checkbox"/> <b>Universal license</b> <input type="checkbox"/> Journeyman or <input type="checkbox"/> Master (Reciprocating a license from any other state, make sure to fill out section 6 entirely )	<b>Please list which state you are reciprocating from:</b>	
<input type="checkbox"/> <b>Reciprocal Military license</b> Journeyman or Master (Reciprocating Military Experience, please see section 5 )	<b>Are you a Veteran</b> (must include a copy of DD-214 and 12K Certification) <input type="checkbox"/> Yes <input type="checkbox"/> No	

### SECTION 2: APPLICANT INFORMATION

Full Legal Name: Last, First, Middle	Social Security Number:	Date of Birth:	Gender:
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:
Cell Phone Number:	Home Phone Number:		
Electronic Mail Address (E-Mail):			

### SECTION 3: EMPLOYMENT INFORMATION

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 Number
1			
2			
3			

## 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
Trade School			<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 and include documentation on what the requirements were to obtain that 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 Other (please specify):	Yrs.	Mos.	

## SECTION 7: AFFIDAVIT OF APPLICANT

**All applications MUST be notarized**

<i>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.</i>		
Applicants Name (Printed)	Applicants Signature:	Date:
Sworn and Subscribed before me this _____ day of _____ 20_____		
Notary Public Signature: _____ My Commission Expires _____		
State of _____ County of _____		

## SECTION 8: CONTACT INFORMATION

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

**Applications should be mailed to:**

Division of Fire Safety, Central Office, Licensing Division, 45 State Dr, Waterbury, VT 05671-8200

## 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 issued, 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: \_\_\_\_\_

## EMPLOYER AFFIDAVIT OF EXPERIENCE

*Each form that is filled out must be printed, signed and Notarized to be submitted with your application. 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.*

**\*\*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:
My relationship to applicant is: (Please select one)		
Employer	Fellow Employee	Foreman or Supervisor
Union Representative	Client (if applicant is self-employed)	Business Associate
Other:		
Company Name:	License Number:	Position:
Phone Number:	Facsimile Number:	Electronic Mail Address:

***This form must be Notarized:***

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

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

State of \_\_\_\_\_ County of \_\_\_\_\_  
**(\*Notary seal required\*)**