医多种性性 医多种性 医多种性 医多种性 医多种性 医多种性 医多种性 医多种性	R APPLICANTS ONLY

INSTRUCTIONS: For licensed Journeyman Plumbers, Plumbing Contractors, or Master Plumbers applying for Indiana Plumbing Contractor license.

To be completed by an Indiana Journeyman Plumber license holder and out-of-state Journeyman Plumber, Plumbing Contractor, or Master Plumber license holder:

- Applicant must submit a certified copy of their current license(s) if issued by another state.
- Applicants are required to have a minimum of four (4) years of license plumbing experience as defined in IC 25-28.5-1-12 and 860 IAC 1-1-11.
- The Experience in Plumbing Trade on page 5 of this application must be completed by your employer, notarized, and submitted to the Commission for processing.
- Employer's license number is required on application per 860 IAC 1-1-10.
- Applicants who qualify under this section must complete section 1 and 3 of this application. No other sections are required.

	eted the following four (4) years of experie as verified by employer, attached herewit		ne requirements as defined in commiss	sion rule, 860 IAC	
Name of employer		Plumbing contractor license r	Plumbing contractor license number (if available)		
		PC			
Address (number and street, c	ity, state, and ZIP code)			1	
County	Telephone number	Dates of employment (month	day, year)		
	( )	From	То		
Name of employer		Plumbing contractor license r	Plumbing contractor license number (if available)		
		PC			
Address (number and street, o	ity, state, and ZIP code)				
County	Telephone number	Dates of employment (month	Dates of employment (month, day, year)		
	( )	From	То		
Name of employer		Plumbing contractor license r	umber (if available)		
		PC			
Address (number and street, o	ity, state, and ZIP code)				
County	Telephone number	Dates of employment (month	Dates of employment (month, day, year)		
	( )	From	То		

## **EXPERIENCE IN PLUMBING TRADE**

Part of State Form 27522 (R19 / 12-21)

Note: This page may be used for Out-of-State and Indiana Licensed Plumber Applicants.

This document is to be completed by the applicant's employer and submitted by mail, e-mail, or applicant upload

to:

Indiana Plumbing Commission Professional Licensing Agency 402 W. Washington St. Room W072 Indianapolis, Indiana 46204-2724 E-mail: pla14@pla.in.gov

Name of applicant (last, first, middle)	Date of birth:				
EMPLOYER AFFIDAVIT OF EXPE	RIENCE IN PLUMBING TRADE				
I hereby certify that	successfu	ally worked in the plumbing business as			
Mame of applicant  defined in commission rule 860 IAC 1-1-10 for the period of					
Date of enrollment (month, year)	Signature of manager of approved appre				
Date of completion (month, year)	Date signed (month, day, year)				
NOTARY CERTIFICATE					
STATE OF					
COUNTY OF	Y OF } ss:				
i,, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.					
Signature of employer	Signature of Notary Public				
Printed or typed name of employer	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)			