Reset Form

APPLICATION FOR REGISTRATION AS AN APPRENTICE PLUMBER

State Form 2557 (R10 / 6-10)
Approved by State Board of Accounts, 2010

PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-3022
E-mail: pla10@pla.IN.gov

INSTRUCTIONS:

1. *Please type or print legibly and complete the application in it's entirety. Incomplete applications will be returned.*
2. *Enclose the fee. Make the check or money order payable to Indiana Professional Licensing Agency.*
3. *Attach a copy of "APPRENTICESHIP AGREEMENT" from the Bureau of Apprenticeship Training, U.S. Department of Labor, (866-487-9243) and by certifying organization which is accepted by the Indiana Plumbing Commission.*
4. *The plumbing contractor / journeyman plumber by whom you are employed must complete the "EMPLOYER SECTION" of this application.*

* Your Social Security number is being requested by this state agency in accordance with Indiana Code. 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*)	

One Photograph Required
Recent head and shoulder 2"x2" photos must be attached to application.
Photos must be of passport quality.

DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION

Name of applicant (*last, first, middle, maiden*)	Social Security number *
Address (*number and street, city, state, and ZIP code*)	
Date of birth (*month, day, year*)	Place of birth (*city and state*)
Telephone number (*daytime*) ( )	E-mail address

APPROVED APPRENTICESHIP PROGRAM SPONSOR CERTIFICATION

I hereby certify that _____ is currently enrolled in our four (4) year apprenticeship program.
Name of apprentice

I hereby swear of affirm, under the penalties of perjury, that the statements made by _____
Name of administrator
of _____ are true, complete, and correct.
Name of aprrentice school

Date of enrollment (*month, day, year*)	
Signature of manager of approved program sponsor	Date signed by manager (*month, day, year*)

(*Continued on reverse side*)

EMPLOYMENT INFORMATION

Do not use the name or license number for the Corporation. Only the individual name of responsible plumbing contractor is needed.

I, _____, being a licensed plumbing contractor having
Name of individual plumbing contractor

license number _____, hereby certify that I am the employer of _____
Name of applicant

and that he/she will work under the direct and immediate supervision of a licensed plumbing contractor or licensed journeyman plumber.

I hereby swear of affirm, under the penalties of perjury, that the statements made in this section of the application are true, complete, and correct.

Signature of plumbing contractor	Date signed (*month, day, year*)

EMPLOYER NOTARY CERTIFICATE

STATE OF _____
COUNTY OF _____ } SS:

Before me, a Notary Public, personally appeared _____ who subscribed
Name of individual plumbing contractor

and swore to the foregoing.

Signature of Notary Public	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)*

PERSONAL BACKGROUND

If your answer is "Yes" to any of the following, explain fully in a signed and notarized statement, including all related details; include the violation, location, date and disposition. Letters from attorneys or insurance companies are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any license, certificate, registration or permit you hold or have held?	☐ Yes	☐ No
2. Have you ever been denied a license, certificate, registration or permit in any state (including Indiana)?	☐ Yes	☐ No
3. Are you now being, or have you ever been treated for drug or alcohol abuse?	☐ Yes	☐ No
4. Have you ever been convicted of, plead guilty or *nolo contendere* to any offense, misdemeanor or felony in any state?	☐ Yes	☐ No

APPLICATION AFFIRMATION

I hereby swear of affirm, under the penalties of perjury, that the statements made in this application are true, complete, and correct.

Signature of applicant	Date (*month, day, year*)

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 any of its authorized representatives in connection with processing my application for registration to practice as an apprentice plumber.

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 such 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 and the Board 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 hereby swear of affirm that I have read the above statements and agree to same.

Signature of applicant	Date (*month, day, year*)