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*)	
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

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.

STATE OF: _____
COUNTY OF: _____ } SS

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*)