APPLICATION FOR REGISTRATION AS AN APPRENTICE PLUMBER

State Form 2557 (R17 / 3-21)

INDIANA PLUMBING COMMISSION
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204-2724
Telephone: (317) 234-8800
E-mail: pla14@pla.IN.gov
www.pla.IN.gov

INSTRUCTIONS:

1. *The fee for this application is $10.00, payable to the Indiana Professional Licensing Agency, in accordance with 860 IAC 2-1-6.*
2. *Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.*
3. *All fees are non-refundable and non-transferable.*
4. *Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.*
5. *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.*
6. *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 IC 4-1-8-1. 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 issued	Date license issued *(month, day, year)*	

DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION	
Name of applicant (*last, first, middle, maiden*)	
Social Security number *	Date of birth (*month, day, year*)
Address of applicant (*number and street or rural route*)	City, state, and ZIP code
Telephone number (*daytime*) ( )	E-mail address

Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: *(Please select ONLY ONE of the following.)*
☐ I am a United States Citizen. ☐ I am a qualified alien (as defined under 8 USC § 1641). ☐ I am authorized by the Federal government to work in the United States.

Are you the spouse of a member of the military who is assigned to a duty station in Indiana? *(Optional)* ☐ Yes ☐ No	Are you an active duty member of the military? *(Optional)* ☐ Yes ☐ No

QUESTIONS

If your answer is "Yes" to any of the following, explain fully in a signed written statement, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application. Do not file this application without this documentation.

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. *Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,*
   (1) have you ever been arrested; ☐ Yes ☐ No
   (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; ☐ Yes ☐ No
   (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; ☐ Yes ☐ No
   (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or ☐ Yes ☐ No
   (5) have you ever pled *nolo contendre* to any offense, misdemeanor, or felony in any state? ☐ Yes ☐ No
4. Do you have any condition or impairment (including a history of alcohol or substance abuse) that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner? ☐ Yes ☐ No

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 licensure.

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 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 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 affirm, under penalties for perjury, that the foregoing representations are true.

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

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 apprentice school

Date of enrollment (*month, day, year*)	Plumbing apprenticeship program license number

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

EMPLOYMENT INFORMATION

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

I, _____, being a licensed plumbing contractor or journeyman plumber having license
Name of individual plumbing contractor or journeyman plumber
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 or journeyman plumber	Date signed (*month, day, year*)