

Professional Licensing Agency
 402 West Washington Street
 Room W072
 Indianapolis, IN 46204



Eric J. Holcomb
Governor of Indiana
Lindsay M. Hyer
PLA Executive Director

Plumbing Contractor Reinstatement

Your license has been expired for three or more years. To reinstate, complete this document in its entirety and submit it with the reinstatement fee of \$150 to the address listed above with a letter of work history. You will be required to make a personal appearance before the Commission. Make check or money order payable to 'Indiana Professional Licensing Agency'. If you answer 'Yes' to any disciplinary question below send a detailed statement regarding the response with your reinstatement form.

| LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address | | | |
|--|----------------|-------------------------|----------------------------|
| Licensee Name | License Number | Expiration Date | Reinstatement Fee \$150 |
| Street Address | | | |
| City | State | Zip Code | |
| Phone Number | Email Address | | |
| QUESTIONS | | | |
| 1. Since you last renewed, has any professional license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending in any state or U.S. territory? | | | YES NO |
| 2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state or U.S. territory? | | | YES NO |
| 3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state or U.S. territory? | | | YES NO |
| LICENSEE AFFIRMATION | | | |
| I hereby swear or affirm under the penalties of perjury that I understand the Indiana Plumbing Commission statutes and rules, and have answered the questions true to the best of my knowledge. | | | |
| Signature of Licensee | | Date (month, day, year) | |

Visit us on the web at www.pla.in.gov.

| FOR OFFICE USE ONLY | | |
|----------------------------|-------------|------|
| Renewal Fee | Receipt No. | Date |