

SECTION 4 – EXPERIENCE IN A PLUMBING BUSINESS

INSTRUCTIONS: For non-licensed applicants applying for Indiana Plumbing Contractor license.

To be completed by non-licensed and nonregistered individuals who are applying by the provision of experience in the Plumbing Business as allowed in IC 25-28.5-1-12.

- Applicant must submit a notarized affidavit prepared by their licensed employer verifying the applicant's plumbing business experience, duties, and employment dates. Applicants who are unable to obtain any employer affidavit must submit a notarized affidavit stating the inability and reason why.
- The Indiana Plumbing Commission under the authority of 860 IAC 1-1-10 may, after review of the application, request additional information or supporting documents.
- Applicants are required to have a minimum of four (4) years of Plumbing Business experience.
- Applicants who qualify under this section must complete sections 1 and 4 of this application. No other sections are required.

I have worked in the following plumbing business(es) under the direction of licensed plumbing contractor(s) for at least four (4) years, satisfying the requirements as defined in commission rule, 860 IAC 1-1-10; as verified by licensed contractor(s).

Name of licensed plumbing contractor		Plumbing contractor license number PC
Address (number and street, city, state, and ZIP code)		
County	Telephone number ()	Dates of employment (month, day, year) From _____ To _____
Name of licensed plumbing contractor		Plumbing contractor license number PC
Address (number and street, city, state, and ZIP code)		
County	Telephone number ()	Dates of employment (month, day, year) From _____ To _____

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 (<i>last, first, middle</i>)	Date of birth:
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EMPLOYER AFFIDAVIT OF EXPERIENCE IN PLUMBING TRADE

I hereby certify that _____ successfully worked in the plumbing business as <i>Name of applicant</i>	
defined in commission rule 860 IAC 1-1-10 for the period of _____ to _____ <i>Date (month, day, year)</i> <i>Date (month, day, year)</i>	
Date of enrollment (<i>month, year</i>)	Signature of manager of approved apprenticeship program sponsor
Date of completion (<i>month, year</i>)	Date signed (<i>month, day, year</i>)

NOTARY CERTIFICATE

STATE OF _____		
COUNTY 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 (<i>month, day, year</i>)	County of residence	Date commission expires (<i>month, day, year</i>)