



## GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

### Division of Master and Journeyman Plumbers

237 Coliseum Drive, Macon, GA 31217

404-424-9966 - Trades4@sos.ga.gov

[www.sos.ga.gov](http://www.sos.ga.gov)

---

## MASTER AND JOURNEYMAN PLUMBERS

### Application for INITIAL LICENSURE or for REINSTATEMENT of a LICENSE that has been LAPSED for 3+ YEARS

#### ••• INSTRUCTIONS AND GENERAL INFORMATION •••

*Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of notice of said deficiencies.*

---

#### SECTION 1: PERSONAL INFORMATION

Complete all information including your preferred email address for communication with Board staff.

---

#### SECTION 2: PRIMARY EXPERIENCE

- **Journeyman Plumber** - Document a minimum of **three (3) years** of qualifying experience.
- **Master Plumber** - Document a minimum of **five (5) years** of qualifying experience, with at least **two (2) years** of which were as a licensed journeyman plumber, plumbing contractor, plumbing foreman, plumbing superintendent, or military plumber.
- **Master Plumber Class 2 Non-restricted** applicants must describe experience with commercial or industrial plumbing.
- List your employer information beginning with your current employer. Licensee name, license number, dates of employment, and a brief description of your duties must be included.
- Review the experience requirements under Board Rule 121-2-.02.

---

#### SECTION 3: REFERENCES

- **Three (3) notarized original reference forms** from Licensed Plumbers who have personal knowledge of your experience are required.
- At least one of the references must be from a licensed Master Plumber.
- Copies are not acceptable, as the form must include the notarized original signatures.
- A cover letter is included in the application packet for your use.
- Your Reference may return the form directly to the Board or may return it to you in a sealed envelope for you to submit with your application packet. Make additional copies of the Reference form as needed.

---

#### SECTION 4: PERSONAL HISTORY

- All questions must be answered in this section.
- **Submit a background check** from your Local Law Enforcement Office with your application.
- If you answer "yes" on the "arrest question," you must submit the requested certified documentation.
- If you hold a Medical Gas Certification, submit a copy of your current and unexpired photo ID card showing brazing and installation expiration dates.

---

#### SECTION 5: APPLICANT AFFIDAVIT

*Georgia law requires that the Board verify lawful presence in the U.S. of any natural person 18 years or older who has applied for a state benefit, such as a license, certificate, or registration. See O.C. G.A. §50-36-1.*

**\*If you are a qualified alien, please submit a copy of your qualified alien documentation to the Board office as your Secure & Verifiable Document.\* All licensees are required to complete and submit the attached Affidavit of Citizenship Form along with a secure and verifiable document.**

## LAW AND RULES

Read the law and rules thoroughly before completing the application. See the complete law and rules on the website: [www.sos.ga.gov](http://www.sos.ga.gov). You are responsible for knowing the laws and rules for your profession.

---

## VETERANS' PREFERENCE POINTS

Veterans may be eligible for [Veterans' Preference Points](#) on their examination if they served on active duty in the Armed Forces, Reserves or National Guard for at least 90 days during wartime or during any conflict when military personnel were committed by the President and either served on active duty for at least one year or was discharged for injury or illness incurred in the line of duty. To apply for veterans' preference points, submit a completed copy of the DD-214 form with the application.

---

## DISABILITY ACCOMMODATION

Persons who have a disability and may require accommodation should obtain the [Request for Disability Accommodation Guidelines](#) form on the Board's website under Application/Form Downloads.

---

## APPLICATION STATUS

To check the status of your application, visit [STATUS CHECK](#).

---

## KEEP A COPY OF YOUR APPLICATION MATERIALS.

All original materials will be retained by our office and will not be returned to you.

---

## FEEES

**Initial Application Fee: \$40 (\$30 application fee + \$10 processing fee)**

**Reinstatement Application Fee - Journeyman: \$80 (\$70 application fee + \$10 processing fee)**

**Reinstatement Application Fee - Master Plumber: \$160 (\$150 application fee + \$10 processing fee)**

Payable by check or money order to Georgia Construction Industry Licensing Board. Submit fee with application.

**Fees are non-refundable.**

When mailing the application to the Board office, PLEASE MAIL IN A 9X12 ENVELOPE. DO NOT STAPLE OR FOLD THE APPLICATION.

---

## EXAM

Exams are offered on a continuous basis. You must have board approval to sit for the exam.

1. You must have an application on file with the Board.
  - a. Complete the Application; submit the fee and all requested documents to the Board office.
  - b. You will be notified by email if there are deficiencies with your application.
  - c. Deficiencies will cause a longer application processing time, so make every effort to fully complete the application and submit all requested documents.
2. When your application is complete, staff will present it to the Board for review.
  - a. You will be notified of the Board's decision regarding your eligibility to sit for the exam.
  - b. PSI/AMP is the testing vendor. We will notify PSI when you have been approved to sit for the exam, and they, in turn, will contact you via email with information on registration, exam payment, and date/time selection for the exam.



GEORGIA CONSTRUCTION INDUSTRY  
 LICENSING BOARD  
 Division of Master and Journeyman Plumbers  
 237 Coliseum Drive, Macon, GA 31217-3858  
 404-424-9966  
[www.sos.ga.gov](http://www.sos.ga.gov)

Date Entered	_____
Receipt #	_____
Submitted \$	_____
Date Issued	_____

**MASTER AND JOURNEYMAN PLUMBERS**

**INITIAL APPLICATION or**

**REINSTATEMENT APPLICATION for license lapsed more than 3 years**

Initial Application Fee: \$40 (\$30 application fee + \$10 processing fee)

Reinstatement Application Fee - Journeyman: \$80 (\$70 application fee + \$10 processing fee)

Reinstatement Application Fee - Master Plumber: \$160 (\$150 application fee + \$10 processing fee)

*Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of notice of said deficiencies.*

**I am applying for this License Type (select one):**

**Journeyman**

- Initial License
- Reinstatement of JP# \_\_\_\_\_

**Master Plumber Class 1 Restricted**

- Initial License
- Reinstatement of MPR# \_\_\_\_\_

**Master Plumber Class 2 Non-restricted**

- Initial License
- Reinstatement of MP# \_\_\_\_\_

**SECTION 1: PERSONAL INFORMATION**

1. Legal Name to

Appear on License: \_\_\_\_\_

FIRST

MIDDLE

LAST

SUFFIX

2. Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):

FIRST

MIDDLE

LAST

SUFFIX / MAIDEN

3. Social Security#:

				-			-						
--	--	--	--	---	--	--	---	--	--	--	--	--	--

Date of Birth:

		-			-						
M	M		D	D		Y	Y	Y	Y		

4. Physical Address:

(PO BOX NOT ACCEPTABLE)

NUMBER AND STREET

APT#

CITY

STATE

ZIP

5. Mailing Address:

(if different)

NUMBER AND STREET OR P.O. BOX

APT#

CITY

STATE

ZIP

6. Daytime Phone#:

				-					-						
--	--	--	--	---	--	--	--	--	---	--	--	--	--	--	--

Business or Cell  
Phone#:

				-				-							
--	--	--	--	---	--	--	--	---	--	--	--	--	--	--	--

7. Email Address: \_\_\_\_\_

Check this box if you are a military spouse or a transitioning service member of the United States armed forces or the National Guard.

I am requesting **Veterans' Preference Points**. Attach a copy of your DD-214.

**SECTION 2: EXPERIENCE RECORD**

Applicant Name: \_\_\_\_\_

- Applicants for Journeyman Plumber license must show at least **three (3) years** of experience.
- Applicants for Master Plumber license must show at least **five (5) years** of experience, with at least **two (2) years** of which were as a licensed journeyman plumber, plumbing contractor, plumbing foreman, plumbing superintendent, or military plumber.  
Master Plumber Class 2 Non-restricted applicants must describe experience with commercial or industrial plumbing.
- Describe the type of plumbing work you performed. What were your duties, tasks, and areas of responsibility? See **Board Rule 121-2-.02** for a description of the experience requirements.
- Make additional copies of this page as needed for additional employers.

**SPECIFY WORK RELATING TO PLUMBING DUTIES – BEGIN WITH PRESENT EMPLOYMENT**

Your Employer's Name:	Your Supervisor's Name:
Your Employer's Address:	Your Supervisor's Job Title:
City, State, Zip:	Your Supervisor's Plumbing License#
Employer's Phone#	Your Job Title:
Dates you were Employed      From: (mo/yr)      To: (mo/yr)	Approximate total number of hours per week you did plumbing work for this employer:
Describe the plumbing tasks, duties, and responsibilities you had/have with this employer.	

  

Your Employer's Name:	Your Supervisor's Name:
Your Employer's Address:	Your Supervisor's Job Title:
City, State, Zip:	Your Supervisor's Plumbing License#
Employer's Phone#	Your Job Title:
Dates you were Employed      From: (mo/yr)      To: (mo/yr)	Approximate total number of hours per week you did plumbing work for this employer:
Describe the plumbing tasks, duties, and responsibilities you had/have with this employer.	

### SECTION 3: REFERENCES

Applicant Name: \_\_\_\_\_

List below the **three (3)** Licensed Plumbers that you are going to ask to be References for you. At least one of these 3 must be a Licensed Master Plumber. Your References must have knowledge of your plumbing experience.

1. Name: _____	Telephone# _____
Address: _____	Professional License# _____
City, State, Zip: _____	Issuing State: _____
2. Name: _____	Telephone# _____
Address: _____	Professional License# _____
City, State, Zip: _____	Issuing State: _____
3. Name: _____	Telephone# _____
Address: _____	Professional License# _____
City, State, Zip: _____	Issuing State: _____

### SECTION 4: PERSONAL HISTORY

1. Have you ever held a Plumber's license?  YES  NO

If YES, License Type: \_\_\_\_\_ License # \_\_\_\_\_ Name of State Board/Agency: \_\_\_\_\_

2. If you are applying for a Master Plumbing license, you must include a copy of your Journeyman Plumber's license or a License Verification from another state? The Journey license must have been active for at least 2 years?

3. Required: submit your background check from local law enforcement.  YES, it's included.

4. Has any licensing board or agency in Georgia or any other state ever:

a) Denied your issuance of licensure, renewal, or reinstatement?  YES  NO

b) Revoked, suspended, restricted, sanctioned, or probated your license?  YES  NO

c) Requested or accepted surrender of your license?  YES  NO

d) Reprimanded, fined, or disciplined you?  YES  NO

If YES to any part of #4 above, submit a letter of explanation and a **certified** copy of the action taken against your license with relevant supporting documents. Name of State Board or Agency: \_\_\_\_\_

5. Have you ever been arrested, charged, convicted, sentenced, entered a plea of guilty, or nolo contendere, or been given First Offender status for any felony, misdemeanor, DUI, DWI, or any offense other than a minor traffic violation?  YES  NO

If you answered YES, you must submit a letter of explanation for each offense and certified copy of final court disposition from the county(ies) in which you were arrested/convicted. Each court document should include the charges and sentencing information.

If on Probation/Parole - Submit a statement (on official letterhead) from your probation/parole officer regarding your current status. If probation/parole has been completed, submit **certified** documents from the courts verifying case closed and completion of probation/parole.

**SECTION 5: APPLICANT AFFIDAVIT**

Applicant Name: \_\_\_\_\_

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

\_\_\_\_\_ I am a United States citizen.

**Submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or document as indicated on the Board’s website.**

**OR**

\_\_\_\_\_ I am not a United States citizen.

I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE  
My Commission Expires: \_\_\_\_\_

O.C.G.A. §45-17-6 requires legible seals for notarized documents. If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

**NOTARY SEAL**



The Office of Secretary of State  
Professional Licensing Boards Division  
Construction Industry Licensing Boards Division

*Brad Raffensperger*  
SECRETARY OF STATE

*Gabriel Sterling*  
INTERIM DIVISION DIRECTOR

Dear Sir or Madam:

The applicant (individual) named on the following form is applying for Journeyman or Master Plumber License in the state of Georgia and has listed you as a Reference. Serving as a Reference is to attest that you have information concerning his/her character and experience in the field, and are someone who has worked directly with the applicant on plumbing projects. Your evaluation of the applicant is vital to our evaluation.

Please fill out all information on the following Reference Form and sign it in the presence of a Notary Public. You may either mail the completed Reference Form directly to the Division of Journeyman and Master Plumbers at 237 Coliseum Drive, Macon, GA 31217, or you may return the completed form in a sealed envelope to the applicant for him/her to submit along with their application packet.

Your statements about the applicant must be from personal knowledge and not made for the mere purpose of aiding the applicant. The Board requests that you do not let the applicant see your answers or comments and that you do not otherwise communicate the results of your evaluation.

Thank you for taking the time to assist this applicant with the required References. If you have any questions, please contact the Board office at 404-424-9966.

Sincerely,

State Construction Industry Licensing Board  
Master and Journeyman Plumbers Division



GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

Division of Master and Journeyman Plumbers

237 Coliseum Drive, Macon, GA 31217

404-424-9966 - Trades4@sos.ga.gov

[www.sos.ga.gov](http://www.sos.ga.gov)

**REFERENCE FORM**

Applicant Name: \_\_\_\_\_

Your name (please print): \_\_\_\_\_

Company or firm with which you are associated: \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax# \_\_\_\_\_

1. What type of plumbing license do you hold? \_\_\_\_\_ License number: \_\_\_\_\_, issuing state: \_\_\_\_\_

2. How long have you known the applicant? From \_\_\_\_\_ to \_\_\_\_\_

3. Are you related to the applicant? \_\_\_ YES \_\_\_ NO If yes, please explain: \_\_\_\_\_

4. Is the applicant connected with a firm, partnership, or corporation? \_\_\_ YES \_\_\_ NO

If YES, what is the business name and address? \_\_\_\_\_

5. Describe your connection with the applicant that gives you a personal knowledge of his/her experience and knowledge of plumbing:

\_\_\_\_\_  
\_\_\_\_\_

6. Are you aware of anything that would adversely reflect on the applicant's integrity or good character? \_\_\_ YES \_\_\_ NO

If yes, please explain: \_\_\_\_\_

7. Would you employ the applicant in a position of trust? \_\_\_ YES \_\_\_ NO

If you would not, please explain: \_\_\_\_\_

8. Do you attest that you are personally aware that the applicant has at least 3 years' experience installing plumbing systems while working under a licensed Master Plumber **OR** has at least two (2) full years as a licensed Journeyman Plumber? \_\_\_ YES \_\_\_ NO

9. In knowing the applicant and his/her experience, do you recommend that the board grant one of the licenses noted below?

\_\_\_ YES \_\_\_ NO If yes, select the recommended license type:

Journeyman Plumber       Master Plumber Class 1 Restricted       Master Plumber Class 2 Non-restricted

I certify that the above statements are true and correct to the best of my personal knowledge, not made for the purpose of aiding an unqualified applicant to become licensed. I am fully aware of the responsibility a licensee has toward the public where the safeguarding of life, health and property is concerned or involved.

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

NOTARY SEAL

NOTARY PUBLIC My Commission Expires: \_\_\_\_\_

Reference Signature \_\_\_\_\_





## Office of the Secretary of State

### Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize \_\_\_\_\_ Agency/Company to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

Please check **ONLY** one of the boxes listed below:

- This authorization is valid for \_\_\_\_\_ days from date of signature.
- I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### AREA BELOW IS FOR AGENCY USE ONLY

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

Agency Designee Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_