



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

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

MASTER AND JOURNEYMAN PLUMBERS

**INITIAL APPLICATION or
REINSTATEMENT APPLICATION for license lapsed more than 3 years**
Application Fee \$70.00-Journeyman or \$150-Master Plumber (non-refundable)

Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of notice of said deficiencies.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

Journeyman

Master Plumber Class 1 Restricted

Master Plumber Class 2 Non-restricted

Initial License

Initial License

Initial License

Reinstatement of JP# _____

Reinstatement of MP# _____

Reinstatement of MP# _____

#MPR

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#:

				-					-					
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Business or Cell
Phone#:

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

7. Email Address: _____

8. Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

9. I am requesting Veterans' Preference Points. Attached is a copy of my 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 briefly, but concisely, the plumbing work you performed, your duties, and degree of responsibility. See **Board Rule 121-2-.02** for a description of the experience requirements.
- Please make additional copies as needed for additional employers.

SPECIFY WORK RELATING TO PLUMBING DUTIES – BEGIN WITH PRESENT EMPLOYMENT

Employer Name:	Supervisor Name:
Employer Address:	Supervisor's Job Title:
City, State, Zip:	Supervisor's Plumbing License#
Employer Phone#	Applicant's Job Title:
Dates Employed From: To: (mo/yr) (mo/yr)	Approximate total number of hours per week the below plumbing duties were performed:
Description of Plumbing Duties:	
Employer Name:	Supervisor Name:
Employer Address:	Supervisor's Plumbing License#
City, State, Zip:	Supervisor's Job Title:
Employer Phone#	Applicant's Job Title:
Dates Employed From: To: (mo/yr) (mo/yr)	Approximate total number of hours per week the below plumbing duties were performed:
Description of Plumbing Duties:	

SECTION 3: REFERENCES

Applicant Name: _____

Attach **three (3)** completed, **notarized** reference forms from Licensed Plumbers who have knowledge of your plumbing experience and list their information below. At least one reference must be a licensed Master Plumber.

Name: _____	Telephone# _____
Address: _____	Professional License# _____
City, State, Zip: _____	Issuing State: _____
Name: _____	Telephone# _____
Address: _____	Professional License# _____
City, State, Zip: _____	Issuing State: _____
Name: _____	Telephone# _____
Address: _____	Professional License# _____
City, State, Zip: _____	Issuing State: _____

SECTION 4: PERSONAL HISTORY

- YES NO 1. Has any licensing board or agency in Georgia or any other state ever: a) Denied your issuance of licensure, renewal, or reinstatement; b) Revoked, suspended, restricted, sanctioned, or probated your license; c) Requested or accepted surrender of your license; d) Reprimanded, fined, or disciplined you?

If you answered YES, 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:

- YES NO 2. Have you attached a copy of your criminal background check?

- YES NO 3. 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, or any offense other than a minor traffic violation? (DUI and DWI are not minor traffic violations.)

If you answered YES, you must submit the following:

a) Submit a letter of explanation for each offence and **certified** copy of final court disposition from the county(s) in which you were arrested/convicted. Each court document should include the charges and sentencing information.

b) 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):

1. _____ I am a United States citizen.

Please 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.

2. _____ 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 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 a Journeyman or Master Plumbers license in the state of Georgia and is required to furnish evidence of his or her ability, experience, and professional skill in the field of Plumbing. Your evaluation of said applicant is vital to our evaluation. As a reference, you must have worked directly with the applicant on plumbing projects.

The Division wishes to point out that statements must be from personal knowledge, not made for the mere purpose of aiding the applicant, and made with the full realization of the responsibility toward the public. In view of this responsibility, the Division requests your cooperation by answering truthfully, carefully, and completely the questions listed on the reference form. It is unlawful to make false statements regarding an applicant's experience.

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. Please be assured that the information you furnish will be treated as confidential and will not be released without specific authorization by the Division.

Please fill out all information on the following reference form and have it notarized. The Georgia Board prefers that you mail this original notarized form back to the applicant in the applicant's enclosed pre-addressed stamped envelope. Seal the envelope and sign the back flap to ensure against tampering. If you prefer to mail the form directly, please send it to the Master and Journeyman Plumbers Division at 237 Coliseum Drive, Macon, GA 31217.

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

www.sos.ga.gov/index.php/licensing/plb/40

REFERENCE FORM

Applicant Name: _____

Your name (please print): _____

Company or firm you are associated with: _____

Address: _____ Phone# _____

City, State, Zip: _____ Fax# _____

1. Type of plumbing license you hold, license number, and issuing state: Issuing State _____

Journeyman License# _____ Master Plumber License# _____

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

YES NO 3. Are you in any way related to the applicant?

If YES, explain: _____

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

If YES, business name and address: _____

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

YES NO 6. Do you know anything reflecting adversely on the applicant's integrity or general good character?

If YES, explain: _____

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

If NO, explain: _____

YES NO 8. In your opinion, does the applicant have three (3) years of experience installing plumbing systems under a licensed Master Plumber or two (2) full years as a licensed Journeyman Plumber?

9. Do you recommend the applicant to be licensed as a:

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

I certify that the above statements are true & correct to the best of my personal knowledge, not made for the purpose of aiding an unqualified applicant to become licensed but with full realization of the responsibility toward the public where the safeguarding of life, health and property is concerned or involved.

NOTARY SEAL

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

NOTARY PUBLIC My Commission Expires: _____

Reference Signature _____