



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

MASTER AND JOURNEYMAN PLUMBERS REINSTATEMENT APPLICATION FOR LICENSE LAPSED MORE THAN THREE (3) YEARS

••• INSTRUCTIONS AND GENERAL INFORMATION •••

Applications will be administratively withdrawn if any deficiency items have not been submitted to the Board within 60 days of deficiency notification letter.

SECTION 1: PERSONAL INFORMATION

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

SECTION 2: PRIMARY EXPERIENCE

-- For Journeyman Plumber license, you must document at least **3 years** of qualifying experience

-- For Master Plumber license, you must document at least **5 years** of qualifying experience, with at least **2 years** of which you were a licensed journeyman plumber, plumbing contractor, plumbing foreman, plumbing superintendent, or military plumber.

--**Master Plumber Class 2 Non-restricted**, you are required to also describe experience with commercial or industrial plumbing.

List your employer information beginning with your current employer. The licensee name, license number, dates of employment, and a brief description of your duties must be included. Please review the experience requirements under [Board Rule 121-2-.02](#).

SECTION 3: REFERENCES

Three (3) notarized original reference forms from Licensed Plumbers who have knowledge of your work are required.

-- At least one reference must be from a licensed Master Plumber.

--Copies of the form are not accepted, as the form must include the notarized original signatures.

--A cover letter that can be provided to your references is included in this application packet.

--References should send the completed form directly to the board office at the address provided.

--You may make additional copies of this form as needed.

SECTION 4: PERSONAL HISTORY

All questions must be answered. If you hold a Medical Gas Certification, submit a copy of your current and unexpired photo ID card showing brazing and installation expiration dates.

All applicants are required to submit a certified background check with their application. This can be obtained by going to your local law enforcement office. If you answer "yes" on the conviction question, you must submit the requested **certified** documentation.

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

Review the law and rules. See the complete law and rules on the website: www.sos.ga.gov/index.php/licensing/plb/40. 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 your DD-214 form with the application.

APPLICATION STATUS

To check the status of your application, visit www.sos.ga.gov/index.php/licensing/plb/40 Click on the tab, ONLINE SERVICES, then select APPLICATION STATUS.



KEEP A COPY OF YOUR APPLICATION MATERIALS.

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

FEES

Journeyman - \$80 (\$70 app fee + \$10 processing fee)

Master - \$160 (\$150 app fee + \$10 processing fee)

Fees are non-refundable and payable by check or money order to Georgia Construction Industry Licensing Board. Do not send cash.

DEADLINES

The application and exam deadline dates can be viewed at the Board's website: www.sos.ga.gov/index.php/licensing/plb/40

▪ **Prior to the Examination**

A complete application along with the required **FEE** and **DOCUMENTS** must be received in the Board office at the address listed above prior to the **application deadline as listed on the Board website. If there are any deficiencies in the application submitted you will be notified in writing by e-mail if an e-mail address is provide. Otherwise notification of deficiencies will be sent by regular mail. Please be advised deficient applications will result in the delay of approval to sit for the exam.**

▪ **Approval to sit for the Exam**

An approval letter will be sent by the Board to applicants who are approved to sit for the exam. This approval letter will give you more details about PSI/AMP, how to register, and what to expect after you register.

This exam approval letter will be sent to the email address the board has on file for you. Make sure we have the correct information to reach you.



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

Form box for Date Entered, Receipt #, Submitted \$, Date Issued

Master and Journeyman Plumbers Application
Reinstatement of License Lapsed 3 or more years
(requires passing of an exam)

Fees: ___ Journeyman \$80 (\$70 app fee + \$10 processing fee)
___ Master Plumber \$160 (\$150 app fee + \$10 processing fee)

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I am applying to reinstate this license type:
[] Journeyman #JP _____ expired: _____
[] Master Class 1 Restricted #MPR _____ expired: _____
[] Master Class 2 Non Restricted #MP _____ expired: _____

This application is for reinstatement of a license that has been lapsed for more than 3 years. This is not the application to use for reinstatement for license lapsed less than 3 years or for initial licensure.

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: _____

8. [] 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 and will include a copy of my DD-214 with this application.

SECTION 2: EXPERIENCE RECORD

Applicant Name: _____

- Journeyman Plumber applicants must show at least **3 years** of experience.
- Master Plumber applicants must show at least **5 years** of experience, with at least **2 years** experience as a licensed journeyman plumber, plumbing contractor, plumbing foreman, plumbing superintendent, or military plumber.
- Master Plumber Class 2 Non-restricted applicants must also describe experience with commercial or industrial plumbing.
- **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

Your Employer's Name:	Your Supervisor's Name:
Employer Address:	Supervisor's Job Title:
City, State, Zip:	Supervisor's Plumbing License#
Employer Phone#	Your Job Title:
Dates you were Employed From: _____ To: _____ (mo/yr) (mo/yr)	About how many total hours per week did you perform the plumbing duties described below? _____
Description of Plumbing duties, work performed, degree of responsibility:	

Your Employer's Name:	Your Supervisor's Name:
Employer Address:	Supervisor's Plumbing License#
City, State, Zip:	Supervisor's Job Title:
Employer Phone#	Applicant's Job Title:
Dates you were Employed From: _____ To: _____ (mo/yr) (mo/yr)	About how many total hours per week did you perform the plumbing duties described below? _____
Description of Plumbing duties, work performed, degree of responsibility:	

SECTION 3: REFERENCES

Applicant Name: _____

List **three (3)** references who are Licensed Plumbers and have knowledge of your plumbing experience. At least one reference must be a license Master Plumber. You will send these people a Reference Form that they will complete and return to the board.

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

1. 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 you answered YES to any part of question #1, 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: _____

2. Reminder - you must submit a certified copy of your background check from a law enforcement agency.

3. a) Have you ever been arrested, convicted, or sentenced for any felony, misdemeanor, DUI, DWI, or any other offense? YES NO

b) Have you ever entered a plea of guilty, or nolo contendere, or been given First Offender status for any felony, misdemeanor, DUI, DWI, or any other offense? YES NO

→ If you answered YES to 3a or 3b, you must submit the following:

- 1. A letter of explanation for each offense; and
- 2. A **certified** copy of final court disposition from the county(s) in which you were arrested/convicted; and
- 3. Each court document should include the charges and sentencing information and be signed by a judge.
- 4. Probation/Parole - Submit a statement (on official letterhead) from your probation / parole office 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 **(select one)**:

_____ 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.
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

Brad Raffensperger
SECRETARY OF STATE

Gabriel Sterling
INTERIM DIVISION DIRECTOR

To Whom It May Concern:

The applicant (individual) named on the following form is applying for a Journeyman or Master Plumber license in the state of Georgia and is required to furnish evidence of his or her ability, experience, and professional skills in the field by submitting references from three professional licensees attesting to his or her qualifications. You are listed as a Reference on the application.

- The reference form should be completed by you, not the applicant.
- As a reference, you must have worked directly with the applicant on plumbing projects.
- Your statements must be from personal knowledge, made with the full realization of the responsibility the applicant, should he or she be licensed, will have toward the public.
- The reference should not be made for the mere purpose of aiding the applicant in completion of the requirement application documents, and it is unlawful to make false statements regarding an applicant's experience.

In view of this responsibility, the Division asks that you answer all questions on the Reference Form truthfully, carefully, and completely. The information you furnish will be treated as confidential and will not be released without specific authorization by the Board. The Division requests that you not let the applicant see your answers or comments and that you do not otherwise communicate the results of your evaluation with the applicant.

Please complete the Reference Form and sign it in front of a Notary Public. Mail the original notarized form directly to the Board office: Master and Journeyman Plumbers Division, Reference Form, 237 Coliseum Drive, Macon, GA 31217.

Sincerely,

State Construction Industry Licensing
Board Master and Journeyman Plumbers Division



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REFERENCE #1 for _____ (applicant's name)

Answer all questions.

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 _____

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

If YES, how are you related? _____

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

If YES, what is the business name and address? _____

5. What is your connection with the applicant that provides you with personal knowledge of his/her plumbing knowledge and experience? _____

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

If YES, explain: _____

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

If NO, explain: _____

8. To the best of your knowledge, does the applicant have at least 3 years of experience installing plumbing systems under a licensed Master Plumber -or- at least 2 years of experience as a licensed Journeyman Plumber? YES NO

9. Would you recommend the applicant be granted the license for which they have applied by the board? YES NO

If NO, please explain: _____

➔ **Before you sign, please note that you are acknowledging to the Board that you know this applicant and know of his/her experience and abilities as they relate to plumbing. If this is not the case, do not sign this form.**

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

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

NOTARY PUBLIC SIGNATURE

My Commission Expires:

NOTARY SEAL

Reference Signature



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REFERENCE #2 for _____ (applicant's name) **Answer all questions.**

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 _____

3. Are you related to the applicant? YES NO
If YES, how are you related? _____

4. Is the applicant connected with a firm, partnership, or corporation? YES NO
If YES, what is the business name and address? _____

5. What is your connection with the applicant that provides you with personal knowledge of his/her plumbing knowledge and experience? _____

6. Are you aware of anything that would reflect adversely on the applicant's integrity or good character? YES NO
If YES, explain: _____

7. Would you employ the applicant in a position of trust? YES NO
If NO, explain: _____

8. To the best of your knowledge, does the applicant have at least 3 years of experience installing plumbing systems under a licensed Master Plumber -or- at least 2 years of experience as a licensed Journeyman Plumber? YES NO

9. Would you recommend the applicant be granted the license for which they have applied by the board? YES NO
If NO, please explain: _____

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

NOTARY SEAL

NOTARY PUBLIC SIGNATURE

Reference Signature

My Commission Expires:



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REFERENCE #3 for _____ (applicant's name)

Answer all questions.

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 _____

3. Are you related to the applicant? ___ YES ___ NO

If YES, how are you related? _____

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

If YES, what is the business name and address? _____

5. What is your connection with the applicant that provides you with personal knowledge of his/her plumbing knowledge and experience? _____

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

If YES, explain: _____

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

If NO, explain: _____

8. To the best of your knowledge, does the applicant have at least 3 years of experience installing plumbing systems under a licensed Master Plumber -or- at least 2 years of experience as a licensed Journeyman Plumber? ___ YES ___ NO

9. Would you recommend the applicant be granted the license for which they have applied by the board? ___ YES ___ NO

If NO, please explain: _____

➔ **Before you sign, please note that you are acknowledging to the Board that you know this applicant and know of his/her experience and abilities as they relate to plumbing. If this is not the case, do not sign this form.**

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

NOTARY SEAL

NOTARY PUBLIC SIGNATURE

My Commission Expires:

Revised 03/2022

Reference Signature