GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD
Division of Master and Journeyman Plumbers
237 Coliseum Drive, Macon, GA 31217
404-424-9966
www.sos.ga.gov

MASTER AND JOURNEYMAN PLUMBERS REINSTATEMENT for a LICENSE that has been LAPSED for LESS THAN 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Applications will be administratively withdrawn if any deficiency items have not been submitted to the Board within 60 days of deficiency notification letter.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.

The reinstatement application and fee must be received in the Board office within 3 years of the license expiration date. You may verify the expiration date online at Verify my License.

To reinstate a license that has been lapsed for 3 or more years, you must submit a different reinstatement application, and passing of an exam is required for reinstatement.

SECTION 2: CONTINUING EDUCATION

Proof of completion of Continuing Education is required to reinstate your license. You must have completed 4 hours of CE for each year since your last license renewal. If you never renewed your license after it was initially issued, or if you have never reinstated a lapsed license, you must have completed 4 hours of continuing education for each year since the initial issuance of the license. Continuing education must be related to plumbing and conducted by a college, technical college, or trade association.

CE Guide:
Lapsed less than one (1) year: 8 hours of CE are required to reinstate your license. Lapse less than two 2) years: 12 hours of CE are required to reinstate your license.
Lapse less than three (3) years: 16 hours of CE are required to reinstate license.

SECTION 3: 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.

You are required to submit a background check with your 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 4: 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 HERE. You are responsible for knowing the laws and rules for your profession.

APPLICATION STATUS

To check the status of your application, visit STATUS CHECK.

FEES

Journeyman - $80 ($70 application fee + $10 processing fee)
Master Plumber - $160 ($150 application fee + $10 processing fee)
Submit payment by check or money order payable to Georgia Construction Industry Licensing Board. WHEN MAILING APPLICATION TO BOARD OFFICE, PLEASE MAIL IN A 9X12 ENVELOPE & DO NOT STAPLE OR FOLD APPLICATION.

KEEP A COPY OF YOUR APPLICATION MATERIALS.

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

GEORGIA CONSTRUCTION INDUSTRY
LICENSING BOARDS DIVISION
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
Reinstatement of License Lapsed for Less Than 3 years

Fees: ____ Journeyman $80 *($70 application fee + $10 processing fee)*

___ Master Plumber $160 *($150 application fee + $10 processing fee)*

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

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 less than 3 years. This is not the application to use for reinstatement for a license lapsed 3 or more 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: _____

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

SECTION 2: CONTINUING EDUCATION

Applicant Name: _____

Submit continuing education documentation as follows:
Lapse less than one (1) year: 8 hours / Lapse less than two (2) years: 12 hours / Lapse less than three (3) years: 16 hours

Institute, Organization, or Agency Conducting Program	Title of Course	Date(s) Attended	Hours Completed
		TOTAL HOURS COMPLETED	

SECTION 3: PERSONAL HISTORY

1. If you hold a certification for Medical Gas, **submit** a copy of your current and unexpired photo ID card showing brazing and installation expiration dates.

2. 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: _____

3. Reminder - you must submit a <u>certified</u> copy of your <u>background check</u> from a law enforcement agency.

4. 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 completed, submit **certified** court documents showing completion.

SECTION 4: 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.
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