

State of Utah  
Department of Commerce  
Division of Occupational and Professional Licensing

- Journeyman Plumber (JP)       Residential Journeyman Plumber (RJP)  
 Master Plumber (MP)       Residential Master Plumber (RMP)

**APPLICANT INFORMATION**

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

All Previous Legal Names: \_\_\_\_\_

Other DOPL Licenses Held: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_  
*Street Address (including Apt/Unit/Ste #) and/or PO Box*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Select ONE:**

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.  
 I am a foreign national not physically present in the United States.  
 None of the above, please explain: \_\_\_\_\_

**Driver License**

or State ID Card: \_\_\_\_\_  
*State of Issue License Number Expiration Date*

**NOTE:** If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

**AFFIDAVIT AND RELEASE**

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## QUALIFYING QUESTIONNAIRE

### Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

1.  Yes  No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
2.  Yes  No Do you CURRENTLY have **any criminal action active or pending**?
3.  Yes  No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted of a misdemeanor** in any jurisdiction?
4.  Yes  No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted of a felony** in any jurisdiction?

If you answered "yes" to question 1 above, please provide a copy of the disciplinary action. If you answered "yes" to questions 2, 3, or 4, please provide a current criminal history report from each and every state where criminal history has occurred.

#### NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's criminal history FAQs.

## PROFESSIONAL LICENSES

List all other licenses, registrations or certifications issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ License Status: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ License Status: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ License Status: \_\_\_\_\_ Issue Date: \_\_\_\_\_

- Yes  No After obtaining the license(s) above, have you engaged in at least one year of experience in the state, district, or territory of the United States where the license was issued?

Note: If you answer yes to the question above, please see the checklist at the end of this application or our website for instructions on applying by endorsement.

# Verification of Plumbing Experience

All Journeyman and Residential Journeyman Level Applicants must complete this form.

## APPLICANT INFORMATION

To be completed by the applicant.

**Full Legal Name:** \_\_\_\_\_  
*First Middle Last*

**Mailing Address:** \_\_\_\_\_  
*Street/PO Box City State/Zip*

**License Number:** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

*Note: If your hours were obtained in another state, in addition to this form, you must provide official verification of your license from that state.*

## EMPLOYER INFORMATION

To be completed by the employer.

**Name of Employer:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_  
*Street/PO Box City State/Zip*

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Dates of Employment:

Apprentice: \_\_\_\_\_ to \_\_\_\_\_ Total Hours: \_\_\_\_\_

Res. Journeyman: \_\_\_\_\_ to \_\_\_\_\_ Total Hours: \_\_\_\_\_

Journeyman: \_\_\_\_\_ to \_\_\_\_\_ Total Hours: \_\_\_\_\_

Res. Master: \_\_\_\_\_ to \_\_\_\_\_ Total Hours: \_\_\_\_\_

Master: \_\_\_\_\_ to \_\_\_\_\_ Total Hours: \_\_\_\_\_

I certify the information provided above is true and correct.

Signature of Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of the Authorized Signer: \_\_\_\_\_

Position of Authorized Signer: \_\_\_\_\_

**Note: Each year of work experience must include at least 2,000 hours; no more than 3,000 hours of work experience can be credited for each 12-month period.**

# Verification of Supervisory Plumbing Experience for Master Level Applicants

Required for MP and RMP applicants only.

## APPLICANT INFORMATION

To be completed by the applicant.

**Full Legal Name:** \_\_\_\_\_  
*First Middle Last*

**Mailing Address:** \_\_\_\_\_  
*Street/PO Box City State/Zip*

**License Number:** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

*Note: If your hours were obtained in another state, in addition to this form, you must provide official verification of your license from that state.*

## EMPLOYER INFORMATION

To be completed by the employer.

**Name of Employer:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_  
*Street/PO Box City State/Zip*

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_

Res. Journeyman: \_\_\_\_\_ to \_\_\_\_\_ Supervisory Hours: \_\_\_\_\_ Practical Hours: \_\_\_\_\_

Journeyman \_\_\_\_\_ to \_\_\_\_\_ Supervisory Hours: \_\_\_\_\_ Practical Hours: \_\_\_\_\_

I certify the information provided above is true and correct.

Signature of Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of the Authorized Signer: \_\_\_\_\_

Position of Authorized Signer: \_\_\_\_\_

## APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience. You do not need to include it with your application.

**NOTE:** Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

### ALL APPLICANTS

The following items are required to complete your application:

- \$116.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire".

### INITIAL APPLICATION

*In addition* to the items required for all applicants, you must submit the following items:

- Pass both the Utah Plumbers Written and Practical Examination for the level of licensure you are applying. DOPL's testing provider will electronically send the results of your examination directly to DOPL. Applicants must register directly with the Division's exam provider to sit for the examination. Submit the exam fees directly to the testing agency.
- Documentation for the specific classification you are applying for outlined below. (Note: If hours were obtained outside of Utah, official verification from the jurisdiction where the hours were obtained must be included in your application.)

#### ***Journeyman Plumber (JP):***

- Official transcripts showing completion of an approved apprenticeship program and "Verification of Plumbing Experience" form documenting at least 8,000 hours of required training as an apprentice.
- OR**
- "Verification of Plumbing Experience" form documenting at least 16,000 hours of required training as an apprentice.

#### ***Residential Journeyman Plumber (RJP):***

- Official transcripts showing completion of a minimum of 432 hours of an approved apprenticeship program and "Verification of Plumbing Experience" form documenting at least 6,000 hours of required training as an apprentice.
- OR**
- "Verification of Plumbing Experience" form documenting at least 12,000 hours of required training as an apprentice in not less than 6 years.

#### ***Master Plumber (MP):***

- "Verification of Supervisory Plumbing Experience for Master Level Applicants" form.
- Verification of meeting the required 4,000 hours of supervisory experience. Verification may be in the form of W2 or K1 tax forms. 2,000 hours may be verified on transcripts documenting an associate of applied science or equivalent from an accredited program.

#### ***Residential Master Plumber (RMP):***

- "Verification of Supervisory Plumbing Experience for Master Level Applicants" form
- Verification of meeting the required 4,000 hours of supervisory experience. Verification may be in the form of W2 or Schedule K1 tax forms. 2,000 hours may be verified on transcripts documenting an associate of applied science or equivalent from an accredited program.

### ENDORSEMENT APPLICATION

*In addition* to the items required for all applicants, you must submit the following items:

- Official verification, showing active licensure in good standing for at least one year, from a jurisdiction designated by the Division as equivalent to Utah. Please see our website for additional information regarding approved jurisdictions.

*Note: If your jurisdiction is not deemed equivalent for purposes of endorsement, you may be able to use experience gained outside of the state to document the requirements for Initial Licensure above.*

**Submit the above items with your completed application to:**

#### **In person or via express delivery:**

Division of Occupational and Professional Licensing  
Heber M Wells Building, 1<sup>st</sup> Floor Lobby  
160 E 300 S  
Salt Lake City, UT 84111

#### **US Postal Service:**

Division of Occupational and Professional Licensing  
PO BOX 146741  
Salt Lake City, UT 84114-6741

If you have questions regarding licensure, please feel free to contact the board directly via email at [B5@utah.gov](mailto:B5@utah.gov).