

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 authorization to work 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

**Read thoroughly, and answer each question. Do not leave any question blank.**

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

|  |   |
|--|---|
| 1. <input type="checkbox"/> Yes <input type="checkbox"/> No  | Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?   |
| 2. <input type="checkbox"/> Yes <input type="checkbox"/> No  | Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction? |
| 3. <input type="checkbox"/> Yes <input type="checkbox"/> No  | Are you currently under investigation or is any disciplinary action pending against you now by any <i>local, state or federal licensing, enforcement or regulatory agency</i> ?   |
| 4. <input type="checkbox"/> Yes <input type="checkbox"/> No  | Have you ever been declared by any court to be incompetent by reason of mental defect or disease and not restored?  |
| 5. <input type="checkbox"/> Yes <input type="checkbox"/> No  | Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?  |
| 6. <input type="checkbox"/> Yes <input type="checkbox"/> No  | Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug or alcohol use or abuse within the past five (5) years?   |
| 7. <input type="checkbox"/> Yes <input type="checkbox"/> No  | Are you currently using or have you recently ( <i>within 90 days</i> ) used any drugs ( <i>including recreational drugs</i> ) without a valid prescription, the possession or distribution of which is unlawful under applicable state or federal laws?   |
| 8. <input type="checkbox"/> Yes <input type="checkbox"/> No  | Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?   |
| 9. <input type="checkbox"/> Yes <input type="checkbox"/> No  | Do you currently have any criminal action pending?*   |
| 10. <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? *  |
| 11. <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?*  |
| 12. <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been incarcerated for any reason in any correctional facility ( <i>domestic or foreign</i> ) in any jurisdiction or on probation/parole in any jurisdiction?*   |

**\*NOTE: Charges that were later dismissed and motor vehicle offenses such as driving while impaired or intoxicated must be disclosed; however, minor traffic offenses such as parking or speeding violations need not be listed.**

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

If you answered "Yes" to Questions **9,10,11** or **12** you must submit the following for **EACH** and **EVERY** incident:

- personal account of the incident(s)
- police report(s)
- court record(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

## 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: \_\_\_\_\_

**Verification of Plumbing Experience for:  
All Journeyman Level Applicants  
and/or  
All Applicants with Experience Obtained Outside of Utah**

**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:** \_\_\_\_\_ to \_\_\_\_\_

**Work Experience**

**Hours Worked**

|  |  |
|--|--|
| General pipe work including process and industrial hours. <i>Required: JP 600 hrs</i>                      |  |
| Use of hand tools, equipment and pipe machinery. <i>Required: JP 200 hrs; RJP 100 hrs</i>                  |  |
| Installation of piping for waste, soil, sewer and vent lines. <i>Required: JP 2,000 hrs; RJP 1,600 hrs</i> |  |
| Installation of hot and cold water for domestic purposes. <i>Required: JP 1,400 hrs; RJP 1,200 hrs</i>     |  |
| Installation and setting of plumbing appliances and fixtures. <i>Required: JP 1,400 hrs; RJP 1,000 hrs</i> |  |
| Maintenance and repair of plumbing. <i>Required: JP 600 hrs; RJP 600 hrs</i>                               |  |
| Gas piping and service piping. <i>Required JP 400 hrs; RJP 400 hrs</i>                                     |  |
| Welding, soldering and brazing as it applies to the trade. <i>Required: JP 100 hrs; RJP 100 hrs</i>        |  |
| Service and maintenance of gas controls and equipment. <i>Required : JP 100 hrs; RJP 100 hrs</i>           |  |
| <b>Total Hours:</b>  |  |

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 2,000 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:** \_\_\_\_\_ to \_\_\_\_\_

**Total Hours of supervisory experience as a JP or RJP:** \_\_\_\_\_

### Supervisory Work Experience

### Hours Worked

|  |  |
|--|--|
| Supervising employees. <i>Required: 700 hrs</i>  |  |
| Supervising construction projects. <i>Required: 700 hrs</i>  |  |
| Cost/price management. <i>Required: 300 hrs</i>  |  |
| Miscellaneous construction experience in one or more of the following: accounting/financial principles, contract negotiations, conflict resolutions, marketing, human resources and government regulation pertaining to business and the construction trade. <i>Required : 300 hrs</i> |  |
| <b>Total Hours in a supervisory role:</b>  |  |

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".
- 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 apply directly to PSI Examination Services at [www.psiexams.com](http://www.psiexams.com) or 1-800-733-9267 to register for the examination. Submit the exam fees directly to the testing agency.

**NOTE:** Journeyman applicants who obtained their initial license as a journeyman in either Idaho or Montana and passed the "hands-on" practical test for Idaho or Montana are not required to take the Utah hands-on practical test. **HOWEVER**, they are required to take the journeyman written examination and meet the other Utah licensing requirements. You must provide an official verification from Idaho or Montana documenting the passing score.

### INDIVIDUAL CLASSIFICATIONS

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

#### **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 in not less than 4 years.
- OR**
- "Verification of Plumbing Experience" form documenting at least 16,000 hours of required training as an apprentice in not less than 8 years.

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

- Official transcripts showing completion of an approved apprenticeship program and "Verification of Plumbing Experience" form documenting at least 6,000 hours of required training as an apprentice in not less than 3 years.
- 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.
- If you are not a licensed Utah Journeyman Plumber, you must also provide:
  - Official verification of licensure as a Journeyman Plumber from another state.
  - "Verification of Plumbing Experience" form documenting you meet the Utah experience requirements.

*Note: You must be able to document that all required experience hours submitted were obtained while lawfully licensed to do commercial work.*

#### **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.
- If you are not a licensed Utah Residential Journeyman Plumber, you must also provide:
  - Official verification of licensure as a Journeyman Residential Plumber from another state.
  - "Verification of Plumbing Experience" form documenting you meet the Utah experience requirements.

#### **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