

WEST VIRGINIA DIVISION OF LABOR
1900 Kanawha Boulevard East - State Capitol Complex - Building 3, Room 200
Charleston, WV 25305
Telephone: (304) 558-7890 Facsimile: (304) 558-5174

Plumber License Application/Affidavit

General Information: (Please Print)

Name: _____ Phone #: _____
 First Middle Initial Last

Last Four Digits of your SS #: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Email Address: _____

Have you ever been certified as a plumber in WV? Yes No If yes, License #: _____

Type of License: (Please mark appropriate classification for which you are applying)

- Master Plumber** (I certify I have at least twelve thousand hours (12,000) of plumbing experience)
- Journeyman Plumber** (I certify I have at least eight thousand hours (8,000) of plumbing experience)
- Plumber in Training** (I understand I am required to work under the direct supervision of a licensed Master or Journeyman Plumber when performing plumbing work) *(No Examination Required)*

Examination: A Master or Journeyman Applicant is required to submit their examination score report with this application/affidavit.

(Date of Examination)

(Score)

Fee: Master - \$75.00

Journeyman - \$75.00

Plumber in Training - \$50.00

*Please attach a check, certified check, cashier's check or money order made payable to the West Virginia Division of Labor, **NO CASH PLEASE.***

The undersigned hereby certifies under penalty of perjury that information provided on this application/affidavit is true to the best of my knowledge and belief and that I realize that making a false statement may result in loss of my license.

Signature: _____
(Applicant's Signature)

Date: _____

Subscribed and sworn to before me, the undersigned Notary Public this _____ day of _____,
20 _____. My commission expires _____.

Notary Public