

**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**

**Journeyman Plumber**

**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)

**Fees: Master - \$75.00**

**Journeyman - \$75.00**

**Plumber in Training - \$25.00**

*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