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 Info	rmation: (Please Pri	nt)				
Name:			_ Phone #: _			
Last Four Digits of your SS #:			Date of Birth:			
Mailing Addres	ss:					
City:		State:	_ Zip:	County:		
Email Address	:					
Have you ever	been certified as a plu	umber in WV? Yes	No	If yes, License #:		
Type of Licer	nse: (Please mark app	oropriate classificatio	on for which	you are applying)		
Mas	ter Plumber					
Jour	rneyman Plumber					
Plui	mber in Training (I u	inderstand I am required	to work under	the direct supervision of a licensed		
Mas	ster or Journeyman Plumb	per when performing plu	mbing work) (No Examination Required)		
Examination application/affic		man Applicant is requ	uired to subm	it their examination score report with	<u>this</u>	
(Date of Examination)				(Score)		
Fees: Master - \$75.00		Journeyman - \$75.00		Plumber in Training - \$25.	00	
	a check, certified che bor, <u>NO CASH PLE</u>		or money or	der made payable to the West Virg	inia	
	eby certifies under penalty of jace that making a false stateme			olication/affidavit is true to the best of my knowled	lge and	
Signature:(Applicant's Signature)				Date:	_	
Subscribed and	l sworn to before me,	the undersigned Not	tary Public t	nis day of		
20 My	commission expires _		·			
			_	Notary Public		