

WEST VIRGINIA DIVISION OF LABOR

State Capitol Complex - Building 6, Room B-749 - 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

Social Security Number: _____ Date of Birth: _____

Mailing Address: _____

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

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.***

PRIVACY NOTICE

The Division of Labor processes your personal information for appropriate and customary business purposes. Your personal information may be disclosed to other State agencies or third parties in the normal course of business as needed to comply with State or Federal laws. If you have any questions about the Division of Labor's use of your personal information or would like a copy of the Division's complete privacy notice, please contact Robert Bryant at Robert.L.Bryant@wv.gov.

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