APPLICATION FOR MASTER OR JOURNEYMAN PLUMBER LICENSE

NORTH DAKOTA STATE PLUMBING BOARD

SFN 59613 (6-2017)

DATE RECEIVED BY THE BOARD

- Read the instructions on the back page before completing this application.
- A non-refundable application/exam fee must accompany this application.
- The license fee is due upon passing examination.

DESIGNATE TYPE OF LICENSE:

☐ Master - $200.00 (Application/Exam Fee - $35.00 & License Fee - $165.00)

☐ Journeyman - $100.00 (Application/Exam Fee - $25.00 & License Fee - $75.00)

☐ Examination

☐ Reciprocal: ☐ MN ☐ MT ☐ SD

Type or Print Legibly

Name		Social Security Number	Date of Birth	
Mailing Address		City	State	ZIP Code
Telephone Number	Mobile Number	Email Address		

Are you a resident of North Dakota?

☐ No ☐ Yes - How many years?

Education

☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16

Have you completed related training that is approved by the Bureau of Apprenticeship Training?

☐ No ☐ Yes - list provider:

Are you a graduate of a Plumbing Trade School?

☐ No ☐ Yes - list name and address of trade school:

Have you ever carried a plumbing license?

☐ No ☐ Yes - where?

Was the license obtained by examination?

☐ No ☐ Yes - date received:

Type or grade of license	Number of years license held

Have you previously filed an application with this state for a plumbing license?

☐ No ☐ Yes

Have you previously taken an exam for a plumbing license by this Board?

☐ No ☐ Yes

Have you ever been convicted of a felony under the laws of this state or any other jurisdiction?

☐ No ☐ Yes - explain in full on a separate sheet of paper.

Have you ever been denied application or licensure as a plumber or been disciplined and/or had your license revoked with regard to the practice of plumbing in violation of this states law or any other jurisdiction?

☐ No ☐ Yes - explain in full on a separate sheet of paper.

I have read the instructions on the back page and authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for in this application may be cause for cancellation of the application and/or suspension of license should it have been issued before the facts were made known. In accordance with this application, I also hereby authorize the North Dakota State Plumbing Board to release my social security number for purposes of verifying my employment or for reciprocal license verifications. Failure to provide the social security number will cause this application to not be processed.

Signature	Date

EMPLOYMENT RECORD

The Board will verify all employment data with present and former employers.

Name of Present Employer	Telephone Number	Date Started	
Mailing Address	City	State	ZIP Code
Describe Nature of Work			

Name of Previous Employer	Date Started	Date Left	
Mailing Address	City	State	ZIP Code
Reason for Leaving			
Describe Nature of Work			

APPLICANT

Comments

INSTRUCTIONS FOR COMPLETING THE APPLICATION

1. All applicants must meet the requirements of the North Dakota Administrative Code Chapter 62-02-01-01.
2. Applicants applying for a journeyman license must have four (4) years and 7600 hours of experience as an Apprentice Plumber working for a licensed Master Plumber.
3. Applicants applying for a master license must be at least twenty-one (21) years of age and have had two (2) years and 3400 hours of experience as a licensed Journeyman Plumber.
4. Applicants who are licensed in other states must verify proof of such license by a letter from the issuing licensing board/ agency. The letter must state: the type of license held, the date license was issued; whether or not the license was obtained by examination; the requirements of obtaining licensure; and the expiration date of the license held. A copy of the license is insufficient.
5. Applicants who are not licensed in other states must accompany this application with written statements that are signed by the Master/Supervising Plumber. The statements must be notarized and include: dates of employment; number of hours worked during employment; and the extent of work performed during employment.
6. Reciprocal applicants (Minnesota, Montana and South Dakota only) accompany this application with a Certificate of Endorsement from the state in which you are licensed. Disregard instructions #4 and #5 and include only the present employer on the Employment Record.

SPACE BELOW RESERVED FOR BOARD USE

Approved for ☐ Examination ☐ License by Reciprocity ☐ NDCC 43-51		
Examination Date	License Number	Permit Number
Approved By		Date
Comments		

North Dakota State Plumbing Board
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