

APPLICATION FOR LICENSE

JOURNEYMAN-IN-TRAINING APPLYING FOR

JOURNEYMAN LICENSE



Department of Professional and Financial Regulation
Office of Licensing and Registration

PLUMBERS' EXAMINING BOARD

35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207)624-8627
Hearing Impaired: (207) 624-8563
e-mail: sandra.a.leach@state.me.us

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS

License – Journeyman-in-Training Applying for Journeyman

COMPLETING THE APPLICATION FORM – Answer all questions and return the following to this office:

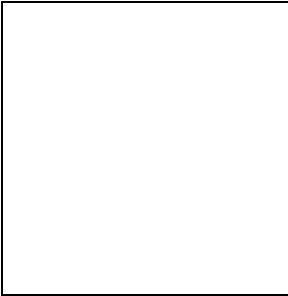
- License application and payment for \$75.00
- Affidavit signed by Supervising Master verifying 2,000 hours of licensed experience
- Criminal History Record Check application and **SEPARATE** payment for \$8.00. Criminal History Record Checks cannot be paid for by Visa or MasterCard.

Incomplete applications will be returned.

QUALIFICATIONS – A licensed Journeyman-in-Training applying for a Journeyman license must meet the following:

1. A minimum of at least one year with 2,000 hours of work in the field of plumbing installations as a licensed Journeyman-in-Training under the supervision of a licensed Master Plumber, or the equivalent thereof.

JOURNEYMAN LICENSE APPLICATION FOR LICENSED JOURNEYMAN-IN-TRAINING



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
PLUMBERS' EXAMINING BOARD
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8627 FAX: (207)624-8637
HEARING IMPAIRED: (207)624-8563

Office Use Only
Cash #: _____
Date Issued: _____
Lic. #: _____
4460-1422 \$75.00

LICENSE FEE: \$75.00 MAKE CHECK PAYABLE TO: TREASURER STATE OF MAINE

Social Security Number ___ ___ - ___ - ____

The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED.

Name of applicant: _____		
Mailing Address of applicant: _____		
City: _____	State: _____	Zip Code: _____
County: _____	Home Telephone: (____) _____ - _____	
	Work Telephone: (____) _____ - _____	
Date of Birth: ____/____/____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list date(s), crime(s) and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction. _____ _____

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE CERTIFICATE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED.

Signature of Applicant

Date

PLUMBERS' EXAMINING BOARD

35 STATE HOUSE STATION
AUGUSTA, ME 04333-0035
TELEPHONE: (207) 624-8627
FAX: (207) 624-8637

AFFIDAVIT

LICENSED JOURNEYMAN-IN-TRAINING APPLYING FOR JOURNEYMAN LICENSE

Name of applicant:		
Mailing Address of applicant:		
City:	State:	Zip Code:

The above-mentioned applicant listed above has worked for me as a licensed Journeyman-in-Training Plumber.

From: _____ To: _____
Day Month Year Day Month Year

And Has Accumulated _____ Hours.

FALSIFICATION OF THIS AFFIDAVIT COULD RESULT IN INVESTIGATION OF THE UNDERSIGNED'S MASTER PLUMBER'S LICENSE.

I, _____, License Number _____
Name of Master Plumber

Swear Before This Notary Public That the Above Statement(s) Are True.

Signature of Licensed Master Plumber

Date

Signature of Notary Public

Date



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION

Plumbers' Examining Board

35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
(207) 624-8563 (HEARING IMPAIRED)

ANGUS S. KING, JR.
GOVERNOR

ANNE L. HEAD
DIRECTOR

TO: PROSPECTIVE APPLICANT
FROM: OFFICE OF LICENSING & REGISTRATION
RE: CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Please complete the applicant information section and return it to the Plumbers' Examining Board with your completed application and supporting documentation as may be necessary.

You must provide a separate check in the amount of \$8.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. The Department of Public Safety will not accept Visa or MasterCard as payment for the Criminal History Record Check. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.



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PHONE: (207)624-8627
(Office Phone)

FAX: (207)624-8637

(207)624-8653 (HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER,
MAINE



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION

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GOVERNOR

ANNE L. HEAD
DIRECTOR

CRIMINAL HISTORY RECORD CHECK FEE: \$8.00

Make checks payable to: Treasurer, State of Maine

Submit this Application with License Application

APPLICANT INFORMATION

Name: _____
Last First Middle

Address: _____

Social Security/Federal I.D. #: _____ Date of Birth: _____

Any other names used: _____

If you have already submitted this form to this office within the last six months, the \$8.00 fee is not required. However, please indicate to which licensing board you submitted this application:

Please return the criminal history record information or a notice of no record to the following:

**REQUESTING AGENCY INFORMATION
(Office Use Only)**

Agency Name & Address: Office of Licensing and Registration
Plumbers' Examining Board
35 State House Station
Augusta, Maine 04333-0035

Contact Person: Sandra Leach 624-8627



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04333-0035

ANNE L. HEAD
DIRECTOR



AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name of applicant: (fees being paid for)		
Mailing Address of applicant: (fees being paid for)		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____
Card number

Expiration date: ____/____/____ in the amount of: \$ _____

Signature: _____ Date: ____/____/____

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