

**Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes**

Notice to Veterans

In accordance with 2012 PA 311, any veteran providing satisfactory proof of separation from the armed forces of the United States under “**honorable**” or “**general under honorable conditions**” is exempt from registration, licensing and examination fees. For consideration, please attach a copy of either a **DD-214**, and/or **DD-215** to your application.

If you do not have a DD-214 or DD-215 in your possession, please contact the Michigan Veterans Affairs Agency at (517) 284-5298 for assistance.

The Plumbing Division may be contacted at (517) 241-9330 if you have any questions prior to submission.

Application for Master Plumber Examination
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes / Plumbing Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9330
 www.michigan.gov/bcc

Examination Fee: \$100.00 (Nonrefundable)

Authority: 2002 PA 733 Completion: Necessary for examination consideration Penalty: Application cancelled and fee forfeited	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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Instructions: Applicant shall be at least 18 years of age, hold a journey license issued under 2002 PA 733 and have a minimum of 4,000 hours experience in work as a journey plumber over a period of at least 2 years immediately preceding the date of application.

- Complete and **sign original application**. Type or print in ink.
- Master plumbers who supervised you as a journey plumber must certify your dates of employment and have their signature notarized.
- Enclose a check made payable to the **State of Michigan**.
- Mail completed application (**all pages must be submitted**) and payment to the address listed above.

Eligibility of Applicants From Another State or Country

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

		OFFICE USE ONLY T-81
Applicant Information		
NAME (Last, First, Middle)		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER*
HOME ADDRESS		DATE OF BIRTH
CITY		COUNTY
STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

Current Status

1. Have you previously applied to take the Michigan master plumber examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you been licensed as a journey plumber in Michigan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Journey Plumber License No. 82- _____		
3. Are you licensed as a master plumber in another state or country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Master Plumber License No. _____ State/Country _____		

Examination Preference

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date _____ No Preference - Next Available Examination

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

Background Information

Have you been convicted of a felony or misdemeanor? Yes No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

Conviction History

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED	
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED	
DATE(S) OF CONVICTION(S) AND SENTENCE(S)	
NAME AND ADDRESS OF SENTENCING COURT(S)	
CHECK YES OR NO TO THE FOLLOWING	
1. Are you a current inmate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you currently on probation / parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.	
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE	
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED	

Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE OF APPLICANT	DATE
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Employment Information - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)		
CITY	STATE	ZIP CODE	From:	To:	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____, _____,		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____, _____		

Previous Employer - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)		
CITY	STATE	ZIP CODE	From:	To:	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____, _____,		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____, _____		

Certification and Signature (Must be signed by all applicants)

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT	DATE