

**Application for Journey Plumber/Master Plumber/ Plumbing Contractor Examination 95 / 92 / 80
or Re-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

Agency Use Only

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| Authority: 2002 PA 733 Penalty: Failure to provide information may request in denial of your request. | 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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Note: 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. You may email your application and documentation to bccplbg@michigan.gov if you are requesting a veterans exemption only.

General Instructions

- Enclose a check made payable to the **State of Michigan**.
- Mail completed application, required documents, and payment to the address listed above.

Important Information

Applicants are permitted one examination for a \$100.00 fee. Upon achieving a minimum passing score of 70% or higher, in each part of the exam, the applicant will be billed \$40.00 for the journey plumber license or between \$300 and \$100 for the master plumber license or plumbing contractor license (depending on when license is issued in licensing cycle) prior to issuance of the license. Examination fee is forfeited upon failure to appear for scheduled examination unless written explanation is received within 10 business days of the examination.

Examination Eligibility of Applicants From Other States or Countries

A person who is licensed as a journey or master plumber in another state or country may qualify for examination upon 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.

- \$100.00 Nonrefundable Fee Enclosed No Fee - Request for veterans exemption (Copy of DD-214 or DD-215 enclosed)

Please Check One: **Journey Plumber (95)** **Master Plumber (92)** **Plumbing Contractor (80)**

Applicant Information

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|--|--|---|--|--|--|
| NAME (Last Name, First Name, Middle Initial) | | I AM AT LEAST 18 YEARS OF AGE <input type="checkbox"/> Yes <input type="checkbox"/> No | | LAST 4 DIGITS OF SOCIAL SECURITY NUMBER XXX-XX- | |
| ADDRESS | | CITY | | APPRENTICE REGISTRATION OR JOURNEY LICENSE NUMBER | |
| COUNTY | | STATE | | ZIP CODE | |
| TELEPHONE NUMBER (Include Area Code) | | | | | |
| E-MAIL ADDRESS | | | | | |

JOURNEY PLUMBER EXAMINATION REQUIREMENTS

- Applicant must not be less than 18 years of age.
- Applicant must provide notarized documentation from present and former employers, signed by the supervising master plumber, verifying the applicant has not less than 6,000 hours of practical experience obtained over a period of not less than 3 years as an apprentice plumber in the practical installation of plumbing under the supervision of a master plumber.
- See MCL 338.3535, Section 25 (1)(d)(ii) of 2002 PA 733 for applicants wishing to use military service towards requirements for licensing.

MASTER PLUMBER EXAMINATION REQUIREMENTS

- Applicant must not be less than 18 years of age.
- Applicant must provide notarized documentation from present and former employers, signed by the supervising master plumber, verifying the attainment of 4,000 hours as a journey plumber in not less than 2 years immediately preceding the date of his or her application.

PLUMBING CONTRACTOR EXAMINATION REQUIREMENTS

- To qualify for a plumbing contractor license you shall hold a Michigan master plumber license or employ a master plumber as your representative. Only an owner of a sole proprietorship or partnership, or officer of a corporation or limited liability company, may apply for a plumbing contractor license. The license will not be issued without master plumber representation.
- In accordance with law, applicants must provide complete business or employment information for the previous 5 years.

Background Information

Have you been convicted of a felony? Yes No If yes, complete the "Conviction History" section below.

If you have checked yes, you must contact the court(s) where convicted and have copies sent from the court to our office at the address listed on page 1. The documentation must contain the name and location of the court, docket/case number, name of offender, the offense(s) for which convicted, date of conviction/sentencing, the sentence(s) given, and any other sentencing/probation conditions ordered to include the following:

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| 1. Complaint(s) Information, Indictment | 3. Order of Sentencing |
| 2. Judgement Order of Conviction | 4. Probation/Parole Order(s) and any Amendments |

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.

If you are unsure of the exact details, respond to the best of your knowledge. **Attach additional sheet(s) if necessary.**

YOUR NAME WHEN CONVICTED (if different)

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 currently an inmate? Yes No Release date if applicable _____
2. Are you currently on probation/parole? Yes No Release date if applicable _____
3. If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.

REHABILITATION PROGRAM ENROLLED IN OR COMPLETED

Have you previously taken this examination? Yes No If yes, when? _____.

Note: If this is a re-examination only, notarized documentation is not required.

Examination Site

If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination you have selected is full, you will be scheduled for the next available examination at your preferred site.

Preferred Month _____ 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.

Signature

I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license.

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| APPLICANT SIGNATURE | DATE |
|---------------------|------|

Supervising Master Signature

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| <p>I certify I am/was engaged in the business of being a supervisory master plumber and the applicant was actually in my employ as an apprentice or journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.</p> | <p>Subscribed and sworn before me, _____ this _____ day of _____, _____, a Notary Public in and for _____ County, Michigan. Signature of Notary Public _____ My Commission expires: _____, _____</p> |
| SIGNATURE OF MASTER PLUMBER | |
| LICENSE NUMBER | |

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