

Plumbing Affidavit
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes
 P.O. Box 30255, Lansing, MI 48909
 517-241-9316
 www.michigan.gov/bcc

FOR OFFICE USE ONLY

BATCH NO.:	120
DATE:	

Initial Affidavit Certificate Fee: \$100.00

Authority: 2002 PA 733	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Penalty: Failure to provide information may result in denial of your request.	

- Note:**
- The acceptance of this form by the state plumbing board does not qualify for the issuance of a plumbing contractor's license.
 - An affidavit must be submitted to the department annually.
 - In those instances where business or industrial procedure requires the regular employment of a full-time licensed master plumber, a licensed master plumber shall be authorized to secure permits for installations of plumbing on the premises owned or occupied and used by the business provided the licensed master plumber supervises the plumbing work and represents the business or industrial employer.

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

AFFIDAVIT CERTIFICATE NUMBER - OFFICE USE ONLY
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Employer's Statement

NAME OF COMPANY		CONTACT NAME	
ADDRESS		COUNTY	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
E-MAIL ADDRESS			
<p>It is understood that the employer and the licensed master plumber are responsible for exercising the supervision and control of the plumbing operations necessary to secure full compliance with the act and all other laws and rules related to the installation of plumbing in this state. Notice of termination of employment of the master plumber listed below will be given promptly to the Department and plumbing installation will be discontinued until a master plumber is employed and a new affidavit form if filed.</p> <p>I have read the foregoing and certify that this company will comply with the above statements.</p>			
EMPLOYER'S SIGNATURE		DATE	

Licensed Master Plumber's Statement

NAME OF MASTER PLUMBER		TELEPHONE NUMBER (Include Area Code)	
ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
CURRENT LICENSE NUMBER			
<p>I understand that plumbing installation on the premises of my above employer shall conform to the act, rules and the Michigan Plumbing Code.</p> <p>I am presently employed as a full time licensed plumber by the company listed above.</p>			
LICENSED MASTER PLUMBER'S SIGNATURE		DATE	