

REQUIREMENTS FOR LICENSE - ELECTRICIANS & PLUMBERS

Visit our website at: www.hawaii.gov/dcca/areas/pvl

THE LAW To perform electrical and/or plumbing work in this State, an electrician and/or plumber license is necessary as provided by the law relating to electricians and plumbers, Chapter 448E, Hawaii Revised Statutes, and Chapter 16-80, Hawaii Administrative Rules.

The electrician's or plumber's license DOES NOT allow you to contract to perform electrical or plumbing work. A contractor's license pursuant to 444, HRS is required.

QUALIFICATION INFORMATION

EXPERIENCE REQUIRED **IMPORTANT:** Hawaii does not reciprocate with any jurisdiction. Therefore, a person shall apply, qualify, and be tested to become licensed in this State. Applicants shall have the necessary experience and/or training to qualify for licensure. The experience and/or training can be in the form of verification of apprenticeship training, verification of licensure, or a notarized signature of a licensed electrician/plumber attesting to the applicant's experience in electrical and/or plumbing work.

The types of licenses and experience requirements are listed below:

<u>Type of License</u>	<u>License Type Code</u>	<u>Hours/Years Required</u>
Journey Worker Electrician	EJ	5 years but not less than 10,000 hours of all aspect of electrical wiring work, primarily involved in residential and commercial wiring.
Supervising Electrician	ES	Registered as a licensed journey worker electrician with the Board for at least 4 years or equivalent.
Journey Worker Industrial Electrician	EJI	5 years but not less than 10,000 hours of industrial wiring work.
Supervising Industrial Electrician	ESI	Registered as a licensed journey worker industrial electrician with the Board for at least 4 years or equivalent.
Journey Worker Specialty Electrician	EJS	5 years of specialty wiring work. (Low Voltage)
Supervising Specialty Electrician	ESS	Registered as a licensed journey worker specialty electrician with the Board for at least 4 years or equivalent.
Maintenance Electrician	EM	1 year electrical maintenance wiring work or two years electrical trade schooling.
Journey Worker Plumber	PJ	5 years but not less than 10,000 hours of plumbing work in compliance with the Uniform Plumbing Code (UPC).
Master Plumber	PM	Registered as a licensed journey worker plumber with the Board for at least 2 years or equivalent.

For supervising electrician categories, equivalent experience in the trade means having been licensed as a journey worker or supervising level electrician (EJ, EJS, ESS) for at least 4 years in another county, state, or country when requirements for licensure are substantially equivalent to those in force in this state. For a master plumber, equivalent experience in the trade means having been licensed as a journey worker or master level plumber for at least 2 years in another county, state, or country when requirements for licensure are substantially equivalent to those in force in this State.

All experience must be supported by notarized "Experience Verification-EP-02/EP-03" forms and "License Verification-EP-04" forms, which may be reproduced should more forms be required. These forms are to be completed by licensed journey worker or supervising/master electricians or plumbers.

NOTE: If the state in which you gained your experience does not require licensure as a journey worker supervising or master electrician or plumber and only requires a contractor's license, the Board will accept a notarized Experience Verification form signed by the licensed contractor provided verification of licensure as a contractor is submitted.

FILING DEADLINE AND EXAM INFORMATION The board determines the applicant's qualification based on the filed application. A complete application along with appropriate fees must be received at least seven (7) working days before the board meeting date. Board meetings are usually scheduled in the months of February, April, June, August, October, and December.

Examinations are usually scheduled in the months following the board meeting. Please refer to "Exam Schedule" for filing deadline.

(CONTINUED ON BACK)

INSTRUCTIONS FOR FILING

APPLICATION FORM

Complete the application form using a typewriter or print **legibly** in dark ink. Answer all questions. If an item is not applicable, indicate "NA". Application must be signed. Submit application, supporting documents, and application fee by the filing deadline.

SOCIAL SECURITY NUMBER

Your social security number is used to verify your identity for licensing purposes and for compliance with the below laws. For a license to be issued you must **provide your social security number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your social security number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666 (a)(13) requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a license health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the social security number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and

§436B-10(4) HRS which states that an applicant for license shall provide the applicant's social security number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the social security number).

FEES

Attach the application fee of \$40 (non-refundable). Additional fees will be assessed after board approval and passage of the examination. Make checks payable to: COMMERCE & CONSUMER AFFAIRS.

SUPPORTING DOCUMENTS

Complete and ATTACH to your application:

1. Experience Verification Form **MUST BE Completed & Signed by a licensed electrician or plumber!**- This form is used to verify the work experience of the applicant. The applicant completes the top portion of the form and the licensed electrician/plumber verifies the work experience of the applicant by describing in detail the work performed and by indicating the total work hours per work process (see reverse side of the form for description of the work process), and the total hours of experience based on the total years of service. The licensed electrician/plumber provides his licensing information and signs before a notary public.

If the state in which you gained your experience does not require licensure as a journey worker, supervising, or master electrician or plumber and only requires a contractor's license, the Board will accept a notarized Experience Verification form signed by the licensed contractor provided verification of licensure as a contractor is submitted.

NOTE: For those applicants who have had electrical or plumbing contractor licenses and who have been self employed, you may self attest and personally complete the Experience Verification form provided you:

- Submit a copy or other state verification of a valid contractors or other appropriate license that allowed you to contract to perform electrical or plumbing work. (If not currently valid, provide verification that it was current and valid during the time period being claimed.)
2. License Verification Form(s) Required if licensed in any other state or jurisdiction - This form is used to verify any license held in other jurisdictions and whether any license has been encumbered or disciplined in any way. The applicant must complete the top portion of the form, sign, and forward the form to the licensing jurisdiction in which the applicant is licensed. Upon receipt of the completed form from the other jurisdiction, applicant must submit this form with the application or have the licensing authority send the form directly to the Board. **Forms are required from each state or jurisdiction in which a license is held.**
 3. Verification of completion of **two years of school (applies to Maintenance Electricians only)**. The Board will accept copies of a diploma, a certificate of completion, a transcript with a date of graduation or date degree conferred, or a letter from the registrar of a school indicating that all requirements have been met to complete a two-year electrical program within the scope and purpose of the National Electrical Code ("NEC") as proof of two years of school.

Instructions for "YES" Answers to questions (3) thru (4) of the Application for License (EP-01)

- A. The following documentation must be submitted with the license application. Applications for license will not be considered without this material.
- 1) Questions 3d and 3e refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is "yes" to one or more of these questions, read paragraph "B" below, AND must **submit** the following:
 - i. A statement signed by you explaining the circumstances; and
 - ii. Copies of any documents from the agency, including final orders, petitions, complaints, finding of facts and conclusions of law, and any other relevant documents;
 - 2) If your application indicates criminal conviction, read paragraph "B" below, and you must **submit** the following:
 - i. A statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended;
 - ii. A copy of the court order, verdict, and terms of sentence; and
 - iii. If applicable, a copy of the terms of probation and/or parole and notarized statement from your probation or parole officer as to your compliance with the court orders;
 - iv. A current criminal history record check in your name, which you may obtain from the Hawaii Criminal Justice Data Center. Contact the department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao'a Building 456 S. King Street, RM. 101, Honolulu, HI 96813. Ph: (808) 587-3100 or visit their website at: www.hawaii.gov/hcjdc to request a "Criminal History Record Check" form.

Note: If your criminal conviction occurred in a state or states other than Hawaii, a current criminal history record check will be required from each state **AND** Hawaii. Contact the local authority or board in each state for their forms, instructions and fees on obtaining criminal history record checks.

B. If you answered "yes" to questions (3) through (4), your application will be reviewed at an Electricians and Plumbers Board meeting if you have provided all applicable information and documents as described above. The Board will not review incomplete applications. If you wish to present oral testimony at the meeting, submit a written request with your application.

ADDRESS

The Board's mailing address is:
Board of Electricians & Plumbers
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801
Phone: (808) 586-3000

Toll free voice access numbers for the neighbor islands:
Kauai - 274-3141 ext. 6-3000
Maui - 984-2400 ext. 6-3000
Hawaii - 974-4000 ext. 6-3000
Molokai - 1-800-468-4644 ext. 6-3000
Lanai - 1-800-468-4644 ext. 6-3000

If you wish to deliver your application in person or by overnight mail, the Board's street address is:
Board of Electricians & Plumbers
335 Merchant St., Rm. 301
Honolulu, HI 96813

EXAMINATION

Upon approval by the board of your application, you will be sent an "Examination Registration Form." This form is to be completed and sent **directly** to the testing contractor along with the appropriate examination fee and one (1) copy of your approval letter. Questions regarding the examination and study material should be directed to Prometric fka Thomson Prometric.

Prometric
354 Uluniu St., Suite 308
Kailua, HI 96734

Phone: (808) 261-8182.

OR visit their website at: www.prometric.com/hawaii

NOTE: All electrician examinations will be "open code book" beginning in January 1998, and Prometric will provide the appropriate electrical code book at the examination.

REQUEST TO TAKE THE LICENSING EXAMINATION OUT-OF-STATE - Must be approved by the Board. Submit your written request along with your application in advance of the deadline date, to allow for sufficient processing time. Please be advised that you are responsible for any additional cost for this out-of-state testing accommodation and test locations are limited to sites at which the testing service has a secured office.

EXAMINATION MATERIAL AND CODE BOOK

The Electricians exam is based on the National Electrical Code (NEC), and the Plumbers exam is based on the Uniform Plumbing Code (UPC). These may be purchased from the City and County Purchasing Division, City Hall, Ground Floor, Honolulu, Hawaii (Phone: 523-4780).

LAWS AND RULES

A copy of the laws, Chapter 448E, Hawaii Revised Statutes and rules Chapter 80, Hawaii Administrative Rules relating to electricians and plumbers may be obtained by submitting a written request to: DCCA, P.O. Box 3469, 335 Merchant St., Rm. 301, Honolulu, HI 96801. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the above statutes.

- The laws and rules are also posted on our website at: www.hawaii.gov/dcca/areas/pvl. Click on "Electricians & Plumbers" and then select "Statute/Rule Chapter" in the yellow box on the right.

ABANDONMENT OF APPLICATION

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required information and documents requested by the licensing authority within two consecutive years from the last date the documents or other information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

LICENSE FEES

UPON PASSING THE EXAMINATIONS, the following license fees will be due. (Do not send license fees with your initial application).

PLUMBERS

Effective July 1, 2006:

If applying for your license between July 1, 2009 and June 30, 2010 of the first year of the triennium.....\$225

If applying for your license between July 1, 2007 and June 30, 2008 of the second year of the triennium.....\$150

If applying for your license between July 1, 2008 and June 30, 2009 of the third year of the triennium.....\$75

ELECTRICIANS

If applying for your license between July 1, 2008 and June 30, 2009 of the first year of the triennium.....\$225

If applying for your license between July 1, 2009 and June 30, 2010 of the second year of the triennium.....\$150

If applying for your license between July 1, 2007 and June 30, 2008 of the third year of the triennium.....\$75

NOTE: One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, \$25.00 service charge shall be assessed for payments that are dishonored for any reason.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

MAINTAINING THE LICENSE

**RENEWAL AND
CONTINUED
COMPETENCY
REQUIREMENT**

All **PLUMBER** licenses, regardless of issuance date, are subject to renewal on or before June 30, **every three years (triennial renewal) beginning June 30, 2006. *All licensed plumbers will need to provide proof of completing the continued competency requirement prior to the 2009 renewal and all subsequent renewals.** Please keep the board informed of any address changes in writing.

All **ELECTRICIAN** licenses, regardless of issuance date, are subject to renewal on or before June 30, every three years (triennial renewal) beginning June 1996. **All licensed electricians, except maintenance electricians, will need to provide proof of completing the continued competency requirement at the time of renewal.** Please keep the board informed of any address changes in writing.

The continued competency requirement for all licensed plumbers and electricians except the maintenance electricians is to:

- (1) Furnish proof of attendance at an educational course on the updates to the Uniformed Plumbing Code (UPC) for plumbers which is updated every three years (2006, 2009, 2012, etc) and the National Electrical Code (NEC) which is updated every three years (2002, 2005, 2008, etc). The Honolulu Community College (HCC) has been approved to develop and teach these courses. Contact the HCC or participating community colleges directly to schedule the either course.

OAHU
Roy Inouye
844-2326

HAWAII
Wilt Watanabe
974-7531

MAUI
Dawn Okazaki
984-3231

KAUAI
Bill Blackburn
245-8319

OR

- (2) Successfully complete an examination prescribed by the board on current updates to the UPC or NEC. Prometric has been approved to develop and administer the examinations. The examination for electricians will be "open book" and Prometric will provide the appropriate code book at the examination. Contact Prometric at the following address or telephone number:

Prometric
354 Uluniu St., Suite 308
Kailua, HI 96734

Phone: (808)261-8182

**ONE TIME CONTINUED
COMPETENCY
EXEMPTION**

A plumber or electrician licensee who has been issued **a new license within one year of the renewal date shall not be required to take the course or the examination to renew the licensee's license for the first renewal period.** This licensee shall, however, meet the continued competency requirements for subsequent renewals.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

APPLICATION FOR EXAM AND LICENSE - ELECTRICIANS AND PLUMBERS

Please read the instructions on the attached sheet before completing this form

Circle the TYPE OF LICENSE you are applying for (only one):

EJ ES EJI ESI EJS ESS EM PJ PM

LEGAL NAME (First, Middle) (Last)

Residence Address (Include Apt. No., City, State and zip code)

Mailing Address (ONLY if different from above.)

Social Security No. Phone No. (days)

Approved/Denied Bd Meeting
License No. Effective Date

FOR OFFICE USE

EXPERIENCE IN THE TRADE <small>(If more space is needed, use separate sheets, 8 1/2" x 11")</small>	Dates (mo/yr)		Hours a week	Description of Duties and Position Title	Name, Address and Phone No. of Employer
	From	To			

Circle answers. If response to questions 3d, 3e, or 4 is "yes", refer to instructions for additional documents that must be submitted with this application.

- Are you at least 18 years of age? YES NO
- Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- Have you ever filed an application with Hawaii? YES NO
 - Do you presently hold or have you ever held an electrician's or plumber's license in Hawaii or any other state or jurisdiction? YES NO
 - If yes, list all licenses you currently hold or have held. Indicate name of state or jurisdiction _____
 Expiration date _____ License No. _____
 Type of License _____ Effective Date: _____
 - Has any license ever been suspended, revoked or denied, or otherwise subject to disciplinary action? YES NO
 - Are there any disciplinary actions pending against you? YES NO
- In the past twenty years, have you ever been convicted of a crime in which the conviction has not been annulled or expunged? YES NO

AFFIDAVIT OF APPLICANT:

I certify that the statements, answers, and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license (Section 710-1017, Sections 436B-19, and 448 E-10, Hawaii Revised Statutes). I further certify that I have read and will abide by the provisions of Chapter 448E, HRS and Chapter 80, HAR.

_____ Date

_____ Signature of applicant

Appl 193..... \$40
 Lic 195..... \$40
 CRF 196..... \$35/\$70/\$105
 Ren 190..... \$40/\$80
 Service charge BCF..... \$25

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

EXPERIENCE VERIFICATION - PLUMBER ONLY

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

PART I. TO BE COMPLETED BY APPLICANT

Fill in your NAME and ADDRESS only. Your supervisor/employer must complete the other sections and have the form notarized. After it is completed, ATTACH it to your application form.

Name of Applicant (First, Middle)	(LAST)
Mailing Address of Applicant	DATE

PART II. TO BE COMPLETED BY LICENSED PLUMBER SUPERVISOR OR CONTRACTOR EMPLOYER OF APPLICANT OR APPLICANT IF SELF- EMPLOYED

Your assistance as a licensed plumber is necessary to provide valid and accurate verification of experience. Acceptable verification is from a licensed plumber working with and/or responsible for the applicant. Note: If self-employed please provide verification of a valid contractor's or other appropriate license that allowed you to contract to perform plumbing work. **NOTE:** If the state in which you supervised the applicant does not require licensure as a journey worker, supervising, or master plumber and only requires a Contractor's license, you may complete the form and attach proof of a valid contractor's or other appropriate license that allowed you to perform plumbing work. **Please sign before a Notary Public.** Please return this completed "Experience Verification" form to the **APPLICANT** who must attach it to the application form.

Please indicate your licensed before verifying the applicant's experience:

Name and Address of Supervisor Title: _____ Years of Experience: _____ Plumbers License No.: (Required) _____ Years Licensed: _____	Employer's Name and Address Type of Business: _____ License No.: _____
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Applicant's Employment Information:

Employment Date	Termination Date	Total Length of Employment	Average Hours Per Week
		yrs. mos.	

EXPERIENCE: 1. Is applicant's work performed in compliance with the Uniform Plumbing Code? YES NO

2. Describe work performed in **detail**.

PART II. TO BE COMPLETED BY SUPERVISOR/EMPLOYER OF APPLICANT OR APPLICANT IF SELF EMPLOYED(Continued)

Beside describing the applicant's experience, please indicate the total hours for each work process/task as listed below:

PLUMBER

<u>Specific Work Process/Task</u>	<u>Total Hours Per Task</u>
Installation (Piping for soil, waste vents and drainage; and potable water systems)	_____
Finish work (Assembly in position and connection of fixtures and appliances used in the plumbing and drainage systems).....	_____
Maintenance and repair (Maintenance and repair of plumbing installations, operations and maintenance of complete repair service)	_____
Pipe fitting (General pipe fitting, sprinkler fitting, pipe welding and pipe work for temperature conditioning)	_____
General (Installation of pipe sleeves and inserts for hangers, storage of pipes, fixtures and other materials of the trade and work customarily performed by journey workers of the trade but which cannot be identified with any of the processes listed above).....	_____
TOTAL HOURS OF EXPERIENCE	=====

AFFIDAVIT:

I swear that the information provided is true and correct. I understand that any misrepresentation is grounds for refusal to grant or possible disciplinary action against the licensee.

Signature of Supervisor, Employer, or Applicant if Self-
Employed in front of a Notary Public

Subscribed and sworn to before me
this _____ day of _____, 20____

Notary Public, State of _____
My commission expires: _____

EXPERIENCE VERIFICATION - ELECTRICIAN ONLY

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

PART I. TO BE COMPLETED BY APPLICANT

Fill in your NAME and ADDRESS only. Your supervisor/employer must complete the other sections and have the form notarized. After it is completed, ATTACH it to your application form.

Name of Applicant (First, Middle)	(LAST)
Mailing Address of Applicant	DATE

PART II. TO BE COMPLETED BY LICENSED ELECTRICIAN SUPERVISOR OR CONTRACTOR EMPLOYER OF APPLICANT OR APPLICANT IF SELF-EMPLOYED

Your assistance as a licensed electrician is necessary to provide valid and accurate verification of experience. Acceptable verification is from a licensed electrician working with and/or responsible for the applicant. NOTE: If self-employed please provide verification of a valid contractor's or other appropriate license that allowed you to contract to perform electrical work. NOTE: If the state in which you supervised the applicant does not require licensure as a journey worker, supervising, or master electrician and only requires a contractor's license you may complete the form and attach proof of a valid contractor's or other appropriate license that allowed you to perform electrical work. Please sign before a Notary Public. Please return this completed "Experience Verification" form to the **APPLICANT** who must attach it to the application form.

Please indicate your license before verifying the applicant's experience:

Name and Address of Supervisor	Employer's Name and Address
Title: _____	Type of Business: _____
Years of Experience: _____	License No.: _____
Electrician License No.: (Required) _____	
Years Licensed: _____	

Applicant's Employment Information:

Employment Date	Termination Date	Total Length of Employment	Average Hours Per Week
		yrs. mos.	

EXPERIENCE: 1. Is applicant's work performed in compliance with the National Electric Code? YES NO
2. Describe work performed in **detail**.

PART II. TO BE COMPLETED BY SUPERVISOR/EMPLOYER OF APPLICANT OR APPLICANT IF SELF-EMPLOYED (Continued)

Beside describing the applicant's experience, please indicate the total hours for each work process/task as listed below:

ELECTRICIAN

<u>Specific Work Process/Task</u>	<u>Total Hours Per Task</u>
Residential wiring (Installation of meter sockets; rough in wires; and installation and maintenance of receptacles, switches, light fixtures, signal and other work)	_____
Commercial wiring (Conduit installation; installation of metal moldings and cables; and installation and maintenance of panel boards and other work)	_____
Industrial wiring (Installation and maintenance of substation equipment, switchboards, bus ducts automatic controls, and other work; and cable splicing)	_____
Specialized wiring (Installation of temperature and refrigeration controls; fabrication of electrical panels, motor starters, etc.; assembly and wiring of custom job fixtures for special jobs; and installation and maintenance of neon sign)	_____
General wiring (Installation and maintenance of motor generators; appliance repairs; and other wiring)	_____
TOTAL HOURS OF EXPERIENCE	=====

AFFIDAVIT:

I swear that the information provided is true and correct. I understand that any misrepresentation is grounds for refusal to grant or possible disciplinary action against the licensee.

Signature of Supervisor, Employer, or Applicant if Self-
Employed in front of a Notary Public

Subscribed and sworn to before me
this _____ day of _____, 20____

Notary Public, State of _____
My commission expires: _____

LICENSE VERIFICATION - ELECTRICIANS AND PLUMBERS

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

NOTE: If you do not hold an out-of-state license, disregard this form.
 If you hold or have held a license in any other state or jurisdictions,
 have the licensing authority complete this form.

State of Hawaii
 Dept. of Commerce and Consumer Affairs
 Board of Electricians and Plumbers
 P.O. Box 3469
 Honolulu, Hawaii 96801

APPLICANT	Name (First, Middle)	(LAST)	Social Security No.
	Address (Include Apt. No. and zip code)		License No.
			Date Issued
I hereby authorize the licensing agency of _____ to furnish the information below for use by the State of Hawaii Board of Electricians and Plumbers.			
Date _____ SIGNATURE _____			

TO BE COMPLETED BY LICENSING AGENCY AND RETURNED TO APPLICANT.	
LICENSING AGENCY	License No.: _____ Type of License: _____ Effective Date: _____ Expiration Date: _____
	Type of Experience: <input type="checkbox"/> Apprenticeship <input type="checkbox"/> On-the-Job Training
	Please indicate the amount of experience and/or training (years and hours) required by your agency for the applicant to qualify for licensure. Years _____ <input type="checkbox"/> Other (please explain): Hours: _____
	Licensure by: <input type="checkbox"/> Examination <input type="checkbox"/> Other (please explain): <input type="checkbox"/> Reciprocity
	Has the license been encumbered in any way (revoked, suspended, or currently pending disciplinary action)? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please send a copy of your board's): 1. Administrative Action 2. Final Order
Signature: _____ Name: _____ Title: _____ License Agency: _____ Date: _____	

AGENCY SEAL