

**PUBLIC PROTECTION CABINET  
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION  
LICENSING BRANCH  
500 MERO STREET  
FRANKFORT, KENTUCKY 40601-5412  
(502) 573-2002 FAX (502) 573-1598**

**APPLICATION FOR LICENSE AS A MASTER PLUMBER**

I hereby apply for license as a Master Plumber and certify that I am eighteen (18) years of age or older. The prorated Master Plumber license fee of \$250.00, payable to Kentucky State Treasurer, is enclosed.

**ALL QUESTIONS ON THE APPLICATION MUST BE ANSWERED. PLEASE TYPE OR PRINT ANSWERS.**

<p>1. Are you an engineer registered in Kentucky?</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Do you have experience in mechanical engineering?</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, list your experience on a separate sheet and attach it to this application.</p>	<p>5. NAME: _____</p> <p style="text-align: center;">(First)                      (Initial)                      (Last)</p> <p>Address: _____</p> <p style="text-align: center;">(Street, Route or Box Number)</p> <p>_____</p> <p style="text-align: center;">City                                      State                                      Zip</p> <p>County: _____</p> <p>Date of Birth: _____</p>
<p>2. Are you a Master Plumber in another state?</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, list each state and date you were first licensed and provide a copy of each active license:</p> <p>_____ Date _____</p> <p>_____ Date _____</p> <p>_____ Date _____</p>	<p>6. Were you licensed as a Journeyman before you received a Master Plumber's License in another state?</p> <p style="text-align: center;"><input type="checkbox"/> Yes                      <input type="checkbox"/> N/A (Not previously licensed in another state.)</p> <p style="text-align: center;"><input type="checkbox"/> No</p>
<p>3. Are you currently licensed as a Journeyman in KY or in another state?</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, list each state and date you were first licensed and provide a copy of each active license:</p> <p>_____ Date _____</p> <p>_____ Date _____</p> <p>_____ Date _____</p>	<p>7. Are you a U.S. Citizen or a resident alien authorized to work in the United States?</p> <p style="text-align: center;"><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>
<p>4. How long have you worked at the business of Plumbing?</p> <p>_____ Months      _____ Years</p>	<p>8. Have you previously applied for Master Plumber's License in the State of Kentucky? <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Date of Last Examination: _____</p> <p style="text-align: center;">Month / Year</p> <p>Results of Examination: _____</p>

9. State the extent of your education (including training, trade school, correspondence courses, etc.).

---

---

10. Give name and complete address of your last three employers.

Name of Employer: \_\_\_\_\_ From \_\_\_\_\_, 20 \_\_\_\_.

Address: \_\_\_\_\_ To \_\_\_\_\_, 20 \_\_\_\_.

Name of Employer: \_\_\_\_\_ From \_\_\_\_\_, 20 \_\_\_\_.

Address: \_\_\_\_\_ To \_\_\_\_\_, 20 \_\_\_\_.

Name of Employer: \_\_\_\_\_ From \_\_\_\_\_, 20 \_\_\_\_.

Address: \_\_\_\_\_ To \_\_\_\_\_, 20 \_\_\_\_.

---

**THIS SECTION MUST BE INITIALED:**

I have been convicted of a felony or a misdemeanor in the Commonwealth of Kentucky, any other state, or the United States. **YES** \_\_\_\_ or **NO** \_\_\_\_.  
If have been convicted of a felony or misdemeanor, you might not be able to receive a Master Plumber license at this time. Please contact the Plumbing Division for further information.

---

Applicant's Signature: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Area Code)      Number

Email: \_\_\_\_\_

**Attach a passport-sized,  
color photograph of  
applicant taken within  
the last six months.**  
(Unless provided on  
examination registration  
form)

No Staples Please

## Month You Are Activating Master License

	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APRIL</b>	<b>MAY</b>	<b>JUNE</b>	<b>JULY</b>	<b>AUG</b>	<b>SEPT</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	
<b>Your Birth Month</b>	<b>JAN</b>	\$250	\$230	\$209	\$188	\$167	\$146	\$376	\$355	\$334	\$313	\$292	\$271
	<b>FEB</b>	\$271	\$250	\$230	\$209	\$188	\$167	\$146	\$376	\$355	\$334	\$313	\$292
	<b>MAR</b>	\$292	\$271	\$250	\$230	\$209	\$188	\$167	\$146	\$376	\$355	\$334	\$313
	<b>APRIL</b>	\$313	\$292	\$271	\$250	\$230	\$209	\$188	\$167	\$146	\$376	\$355	\$334
	<b>MAY</b>	\$334	\$313	\$292	\$271	\$250	\$230	\$209	\$188	\$167	\$146	\$376	\$355
	<b>JUNE</b>	\$355	\$334	\$313	\$292	\$271	\$250	\$230	\$209	\$188	\$167	\$146	\$376
	<b>JULY</b>	\$376	\$355	\$334	\$313	\$292	\$271	\$250	\$230	\$209	\$188	\$167	\$146
	<b>AUG</b>	\$146	\$376	\$355	\$334	\$313	\$292	\$271	\$250	\$230	\$209	\$188	\$167
	<b>SEPT</b>	\$167	\$146	\$376	\$355	\$334	\$313	\$292	\$271	\$250	\$230	\$209	\$188
	<b>OCT</b>	\$188	\$167	\$146	\$376	\$355	\$334	\$313	\$292	\$271	\$250	\$230	\$209
	<b>NOV</b>	\$209	\$188	\$167	\$146	\$376	\$355	\$334	\$313	\$292	\$271	\$250	\$230
	<b>DEC</b>	\$230	\$209	\$188	\$167	\$146	\$376	\$355	\$334	\$313	\$292	\$271	\$250

\*To determine the appropriate prorated fee amount, please find the month in which your application will be post-marked and select your birth month. For example, if you are applying in February and your birth month is in July, you would pay \$355.