



**COMMONWEALTH OF KENTUCKY  
PUBLIC PROTECTION CABINET  
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION  
DIVISION OF PLUMBING  
101 SEA HERO ROAD, SUITE 100  
FRANKFORT, KENTUCKY 40601-5412  
(502) 573-0397 FAX (502) 573-1058**

**APPLICATION FOR LICENSE AS A JOURNEYMAN PLUMBER**

I hereby make application for examination and license as a Journeyman Plumber. The exam fee of \$50.00, payable to KY State Treasurer, is enclosed.

**A RECENT PHOTOGRAPH MUST ACCOMPANY THIS APPLICATION.**

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

<p>1. Are you a licensed Journeyman Plumber in another state?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>List each state and date you were first licensed:</p> <p>_____ Date _____</p> <p>_____ Date _____</p> <p>_____ Date _____</p> <p>How long have you worked at the business of plumbing?</p> <p>_____ Months _____ Years</p>	<p>3. NAME: _____</p> <p>(First)                      (Initial)                      (Last)</p> <p>Address: _____</p> <p>(Street, Route or Box Number)</p> <p>_____</p> <p>City                                      State                                      Zip</p> <p>County: _____</p> <p>Social Security Number: _____</p> <p>Birthdate: _____ Height _____ Weight _____</p>
<p>2. Have you previously taken the examination for a Journeyman's Plumbing license in the State of KY?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Date of Last Examination: _____</p> <p>Results of Examination: _____</p>	<p>4. Are you a U.S. Citizen?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If not, have you filed for naturalization papers?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>

5. State the extent of your training (trade school, correspondence courses, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



6. Attach W-2 Forms, a notarized affidavit signed by a Kentucky-licensed master plumber employing you, or a copy of a plumbing license issued by another state to verify that you have completed two (2) consecutive years experience in the plumbing trade.

7. Give name and complete address of 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:**

\_\_\_\_\_ (Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education Assistance Authority). I understand that if I am in default of any student loans backed by the KHEAA, I cannot receive a Kentucky Plumbing License at this time.

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

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

Commonwealth/State of \_\_\_\_\_

County of \_\_\_\_\_

The applicant, whose name is \_\_\_\_\_, being duly sworn declares that the foregoing statements subscribed to by him/her are true to the best of his/her knowledge and belief, and that he/she has personally signed this application.

Subscribed and sworn to before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Date of Examination: \_\_\_\_\_, 20 \_\_\_\_.

Written: \_\_\_\_\_ %

Chart: \_\_\_\_\_ %

Practical: C. \_\_\_\_\_ S. \_\_\_\_\_ %

General Average: \_\_\_\_\_ %

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Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach here a passport-sized, color photograph of applicant taken within the last six months.**

No Staples Please