

**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

Your Birth Month

	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
JAN	\$250	\$230	\$209	\$188	\$167	\$146	\$376	\$355	\$334	\$313	\$292	\$271
FEB	\$271	\$250	\$230	\$209	\$188	\$167	\$146	\$376	\$355	\$334	\$313	\$292
MAR	\$292	\$271	\$250	\$230	\$209	\$188	\$167	\$146	\$376	\$355	\$334	\$313
APRIL	\$313	\$292	\$271	\$250	\$230	\$209	\$188	\$167	\$146	\$376	\$355	\$334
MAY	\$334	\$313	\$292	\$271	\$250	\$230	\$209	\$188	\$167	\$146	\$376	\$355
JUNE	\$355	\$334	\$313	\$292	\$271	\$250	\$230	\$209	\$188	\$167	\$146	\$376
JULY	\$376	\$355	\$334	\$313	\$292	\$271	\$250	\$230	\$209	\$188	\$167	\$146
AUG	\$146	\$376	\$355	\$334	\$313	\$292	\$271	\$250	\$230	\$209	\$188	\$167
SEPT	\$167	\$146	\$376	\$355	\$334	\$313	\$292	\$271	\$250	\$230	\$209	\$188
OCT	\$188	\$167	\$146	\$376	\$355	\$334	\$313	\$292	\$271	\$250	\$230	\$209
NOV	\$209	\$188	\$167	\$146	\$376	\$355	\$334	\$313	\$292	\$271	\$250	\$230
DEC	\$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.