

**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 JOURNEYMAN PLUMBER

I hereby apply for a license as a Journeyman Plumber. The prorated Journeyman Plumber license fee of \$60.00, payable to Kentucky State Treasurer, is enclosed.

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

<p>1. Are you a licensed Journeyman Plumber in another state?</p> <p style="text-align: center;"><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 style="text-align: center;">_____ Months _____ Years</p>	<p>3. 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. Have you previously taken the examination for a Journeyman's Plumbing license in the State of KY?</p> <p style="text-align: center;"><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 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>

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

6. Attach W-2 Forms, an 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 of experience in the plumbing trade.

7. 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 you have been convicted of a felony or misdemeanor, you might not be able to receive a Journeyman 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 Journeyman License

Your Birth Month

	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
JAN	\$60	\$55	\$50	\$45	\$40	\$35	\$90	\$85	\$80	\$75	\$70	\$65
FEB	\$65	\$60	\$55	\$50	\$45	\$40	\$35	\$90	\$85	\$80	\$75	\$70
MAR	\$70	\$65	\$60	\$55	\$50	\$45	\$40	\$35	\$90	\$85	\$80	\$75
APRIL	\$75	\$70	\$65	\$60	\$55	\$50	\$45	\$40	\$35	\$90	\$85	\$80
MAY	\$80	\$75	\$70	\$65	\$60	\$55	\$50	\$45	\$40	\$35	\$90	\$85
JUNE	\$85	\$80	\$75	\$70	\$65	\$60	\$55	\$50	\$45	\$40	\$35	\$90
JULY	\$90	\$85	\$80	\$75	\$70	\$65	\$60	\$55	\$50	\$45	\$40	\$35
AUG	\$35	\$90	\$85	\$80	\$75	\$70	\$65	\$60	\$55	\$50	\$45	\$40
SEPT	\$40	\$35	\$90	\$85	\$80	\$75	\$70	\$65	\$60	\$55	\$50	\$45
OCT	\$45	\$40	\$35	\$90	\$85	\$80	\$75	\$70	\$65	\$60	\$55	\$50
NOV	\$50	\$45	\$40	\$35	\$90	\$85	\$80	\$75	\$70	\$65	\$60	\$55
DEC	\$55	\$50	\$45	\$40	\$35	\$90	\$85	\$80	\$75	\$70	\$65	\$60

*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 July, you would pay \$85.