

TEXAS STATE BOARD OF PLUMBING EXAMINERS
PO BOX 4200, AUSTIN, TEXAS, 78765 • 512-936-5200 • www.tsbpe.state.tx.us

EMPLOYER'S CERTIFICATION FORM

Revised October 2009

► In accordance with the requirements of Sections 1301.002 and 1301.354, of the Plumbing License Law, and Board Rule Section 363.1, a person may receive credit for on-the-job work hours required to qualify for a Tradesman Plumber-Limited or Journeyman Plumber examination, only while the person holds a valid (current and not expired) Plumber's Apprentice registration, or a valid Tradesman Plumber-Limited license.

1. Applicant's Last Name _____ First _____ MI _____

2. Mailing address _____ City _____ St _____

3. Zip Code _____ Date of birth _____ Telephone No. _____

6. Social Security No. _____ State Issue D.L. or I.D. No. _____

Disclosure of your social security number is required. Your social security number is being solicited pursuant to Texas Family Code Section 231.302 for use by the state's Title IV-D agency to assist in the administration of laws relating to child support enforcement under 42 U.S. C Sections 601-617 and 651-669.

4. Plumber's Apprentice Registration No. _____ or Tradesman Plumber-Limited License No. _____

5. Category of registration or examination that the applicant is applying for at this time (circle one or more):

Drain Cleaner Residential Utilities Installer Tradesman Plumber-Limited Journeyman Plumber

► By signing below, both the Applicant and the Responsible Master Plumber certify the above named Applicant worked at the plumbing trade, assisting in the installation of plumbing, under the Responsible Master Plumber's general supervision as a Registered Plumber's Apprentice or Tradesman Plumber-Limited Licensee, for the period(s) shown below. The Applicant and the Responsible Master Plumber also certify the information submitted is true and correct and understand that submitting false information to the Board may result in criminal, monetary and/or administrative penalties to the Applicant and the Responsible Master Plumber.

DATE(S) EMPLOYED (Supporting documentation may be required.)		
FROM: MONTH / YEAR	TO: MONTH / YEAR	TOTAL HOURS
TOTAL OF HOURS LISTED ABOVE ►		

6. Responsible Master Plumber Name _____ License # M - _____

7. Company Name _____ Tel. No. (____) _____

8. Address _____

9. City _____ State _____ Zip _____

10. _____
Signature of Responsible Master Plumber **Date**

11. _____
Signature of Applicant **Date**