# WEST VIRGINIA DIVISION OF LABOR

**State Capitol Complex - Building 6, Room B-749 - Charleston, WV 25305**
**Telephone: (304) 558-7890 Facsimile: (304) 558-5174**

## Plumber License Application

### General Information: (Please Print)

Name: _____ Phone #: _____
First Middle Initial Last

Social Security Number: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

### Type of License: (Please mark appropriate classification for which you are applying)

☐ **Master Plumber** (I certify I have at least twelve thousand hours (12,000) of plumbing experience)
(Please submit a list of employers or customers for whom you performed plumbing work)

☐ **Journeyman Plumber** (I certify I have at least eight thousand hours (8,000) of plumbing experience)
(Please submit a list of employers or customers for whom you performed plumbing work)

☐ **Plumber in Training** (I understand I am required to work under the supervision of a licensed Master or Journeyman Plumber when performing plumbing work)

### Examination: (After July 1, 2009 All applicants will be required to certify experience and take a written examination)

**Plumber Examination:** _____ _____
(Date of Examination) (Score)

### Fee: Seventy-Five Dollars ($75.00)

***Please attach a check, certified check, cashier's check or money order in the amount of seventy-five dollars ($75.00) made payable to the West Virginia Division of Labor, NO CASH PLEASE.***

**NOTICE**

**When you provide a check as payment, you authorize us to make a one-time electronic fund transfer from your account or to process the payment as an image transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn the same day you make your payment and you will not receive your check back from your financial institution.**

**PRIVACY NOTICE**

**The Division of Labor processes your personal information for appropriate and customary business purposes. Your personal information may be disclosed to other State agencies or third parties in the normal course of business as needed to comply with State or Federal laws. If you have any questions about the Division of Labor's use of your personal information or would like a copy of the Division's complete privacy notice, please contact the Webmaster, Robert Bryant at Robert.L.Bryant@wv.gov or the Division's Privacy Officer, John Junkins at John.R.Junkins@wv.gov.**

**The undersigned hereby certifies under penalty of perjury that information provided on this application is true to the best of my knowledge and belief and that I realize that making a false statement may result in loss of my license.**

Signature: _____ Date: _____
(Applicant's Signature)

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Subscribed and sworn to before me, the undersigned Notary Public this _____ day of _____,

20 _____. My commission expires _____.

_____
Notary Public