

STATE OF MAINE
PLUMBERS' EXAMINING BOARD

35 STATE HOUSE STATION
AUGUSTA, ME 04333-0035
TELEPHONE: (207) 624-8627

AFFIDAVIT

| | | |
|--|--------|-----------|
| Name of applicant: | | |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Type of Examination (Check One): <input type="checkbox"/> Master Plumber <input type="checkbox"/> Journeyman Plumber | | |

THIS SECTION TO BE COMPLETED BY MASTER PLUMBER

Dates and time accumulated must be listed or affidavit will be returned.

A licensed trainee plumber

From: _____ To: _____
 Month Day Year Month Day Year

And Has Accumulated _____ Hours of actual plumbing work.

A licensed journeyman plumber

From: _____ To: _____
 Month Day Year Month Day Year

And Has Accumulated _____ Hours of actual plumbing work.

Signature of Master Plumber

Date

() I UNDERSTAND THAT FALSIFICATION OF THIS AFFIDAVIT COULD RESULT IN INVESTIGATION OF THE UNDERSIGNED'S MASTER PLUMBER'S LICENSE AND MAY RESULT IN SANCTIONS.

Master Plumber Name Printed

Master License Number: _____