

STATE OF MAINE

PLUMBERS' EXAMINING BOARD

35 STATE HOUSE STATION
AUGUSTA, ME 04333-0035
TELEPHONE: (207) 624-8627
EMAIL: plumbers.board@maine.gov

AFFIDAVIT

ATTESTING TO WORK EXPERIENCE OF A LICENSED JOURNEYMAN-IN-TRAINING

Name of licensed Journeyman-in-Training:		
Contact Address:		
City:	State:	Zip Code:

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

A licensed Journeyman-in-Training Plumber

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

And has accumulated _____ hours in the field of "Plumbing Installations".

I attest to the work experience and work hours completed by the above-named licensee while under my employment or supervision and I understand that falsification of this Affidavit could result in investigation of my Master plumber's license and may result in sanctions.

Signature of Licensed Master Plumber

Date

Licensed Master Plumber Name Printed

Master Plumber License Number: _____