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 LICENSED PLUMBER

Name of Applicant:		
Email Address:		
Mailing Address:		
City:	State:	Zip Code:

Type of Examination (Check One): ☐ Master Plumber ☐ Journeyman Plumber

THIS SECTION TO BE COMPLETED BY A MAINE LICENSED 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 in the field of "Plumbing Installations".

A licensed Journeyman Plumber

From: _____ To: _____
Month Day Year Month Day 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.**

_____ Master License No: _____
Master Plumber Name Printed

_____ _____
Signature of Master Plumber Date