



# State of Maine

## PLUMBERS' EXAMINING BOARD

The information in this application packet is to assist you in completing your application. It is recommended that you review applicable laws and rules for further guidance.

### JOURNEYMAN & MASTER PLUMBER

### EXAMINATION APPLICATION INSTRUCTIONS

Do not return the informational pages with your application; they are for your information only.

Return the application and documents listed on the checklist only.

Department of Professional and Financial Regulation  
Office of Professional and Occupational Regulation  
(Mailing address) 35 State House Station, Augusta, ME 04333  
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345  
Office Direct Line (207) 624-8627  
TTY users call Maine relay 711

Web address: <https://www.maine.gov/pfr/professionallicensing/professions/plumbers/index.html>

Email: [plumbers.board@maine.gov](mailto:plumbers.board@maine.gov)

**Revised 02/2020**

## EXAMINATION APPLICATION INSTRUCTIONS AND CHECKLIST

**IMPORTANT NOTICE:** Incomplete applications will not be considered. Pursuant to Maine Plumbers' Examining Board Rules Chapter 3 § 6(B) – Incomplete or Illegible Applications “Incomplete or illegible applications will be returned to the applicant together with any attachments.”

Complete and submit an Examination Application and supporting documents to the Plumbers' Examining Board. Be sure to complete all fields of the Examination Application.

### **THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TO THE PLUMBERS' EXAMINING BOARD FOR EXAMINATION CONSIDERATION:**

#### **JOURNEYMAN EXAMINATION (4 Pathways):**

##### **FIRST PATHWAY - JOURNEYMAN:**

A. If you have **worked at least 2 years with a minimum of 4,000 hours** in the field of plumbing installations as a licensed trainee plumber under the direct supervision of a master plumber:

**Affidavit(s)** demonstrating at least 2 years and 4,000 hours in the field of plumbing installations as a licensed trainee plumber; and

**Examination application** completed, signed and dated.

##### **SECOND PATHWAY - JOURNEYMAN:**

B. If you have graduated from a two-year **secondary school career and technical education plumbing program** approved pursuant to title 20-A, section 8306-B:

**High School Transcript** copy detailing your completion of a Maine high school 2-year plumbing program; and

**Examination application** completed, signed and dated.

**THIRD PATHWAY - JOURNEYMAN:**

C. If you have graduated from an accredited community college one-year plumbing program:

- Transcript(s)** copy detailing (1) courses completed; and (2) plumbing program matriculation date; and
- Examination application** completed, signed and dated.

**FOURTH PATHWAY - JOURNEYMAN:**

D. If you are an out-of-state applicant with education and/or licensed work experience:

- Transcript(s)** demonstrating completion of an accredited community college one-year plumbing program; and/or
- Affidavit(s)** demonstrating at least two years and 4,000 hours in the field of plumbing installations; and
- Plumbing license** copy; and
- Satisfactory evidence** of plumbing installations including installations, repairs, alterations and maintenance; and
- Examination application** completed, signed and dated.

**MASTER EXAMINATION (3 PATHWAYS):**

**FIRST PATHWAY - MASTER:**

A. If you have worked at least 4 years with a minimum of 8,000 hours in the field of plumbing installations as a licensed trainee plumber under the direct supervision of a master plumber:

- Affidavit(s)** demonstrating at least 4 years with a minimum of 8,000 hours in the field of plumbing installations as a licensed trainee plumber; and
- Examination application** completed, signed and dated.

## **SECOND PATHWAY - MASTER**

B. If you have **worked at least one year and 2,000 hours** as a licensed Journeyman plumber under the supervision of a master plumber:

**Affidavit(s)** demonstrating at least one year and 2,000 hours in the field of plumbing installations as a licensed Journeyman plumber; and

**Examination application** completed, signed and dated.

## **THIRD PATHWAY – MASTER**

C. If you are an **out-of-state Master plumber applicant** with licensed work experience:

**Affidavit(s)** demonstrating at least 4 years and 8,000 hours in the field of plumbing installations; and

**Master plumber license** copy; and

**Satisfactory evidence** of plumbing installations including installations, repairs, alterations and maintenance; and

**Examination application** completed, signed and dated.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION

**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345  
Phone: (207) 624-8603 Email: [plumbers.board@maine.gov](mailto:plumbers.board@maine.gov) Hearing Impaired: MAINE Relay 711  
web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes.
- **How long does it take to process an application?** You can check our website:

[www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). Your application will show up as PENDING EXAM. This office will notify you by email once you are approved to take the examination.

### NOTICES

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA § 401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§ 7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA § 175 as authorized by the Tax Reform Act of 1975 (42 USC § 405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

#### Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Affidavit signed by Supervising Master verifying hours of licensed experience.
- Sign and date your application
- Include any required transcripts
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION  
INDIVIDUAL EXAMINATION APPLICATION**

|   |                                      |     |
|---|--------------------------------------|-----|
| APPLICANT INFORMATION (please print)  |                                      |     |
| FULL LEGAL NAME (First, Middle Initial, Last):  |                                      |     |
| ANY OTHER NAMES EVER USED:  |                                      |     |
| DATE OF BIRTH <i>mm / dd / yyyy</i>   | SOCIAL SECURITY NUMBER      -      - |     |
| MAILING ADDRESS   |                                      |     |
| CITY  | STATE                                | ZIP |
| PHONE # (    )  | E-MAIL:                              |     |
| <b>ALL EXAMINATION APPROVALS ARE EMAILED</b>  |                                      |     |
| By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional & Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false. |                                      |     |
| <b>SIGNATURE</b>  | <b>DATE</b>                          |     |

**PLUMBERS' EXAMINING BOARD  
EXAMINATION APPLICATION**

EXAMINATION TYPE:

Master  
Journeyman

OFFICE USE ONLY:

LIC # \_\_\_\_\_

Do you or have you ever held any type of plumbers license?      Yes      No

If yes, what type of license? \_\_\_\_\_ In what state? \_\_\_\_\_

License Number: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

## TRAINING AND EDUCATION

Please complete this section by listing all plumbing related classes or courses you have completed, and **submit proof of completion** by diploma, certificate or transcript.

| EDUCATION AND TRAINING                            | FROM<br>MO. YR. | TO<br>MO. YR. | PLUMBING RELATED COURSES<br>COMPLETED |
|---|-----------------|---------------|---------------------------------------|
| HIGH SCHOOL                                       |                 |               |                                       |
| COLLEGE   |                 |               |                                       |
| TRADE SCHOOL,<br>TECHNICAL SCHOOL OR<br>INSTITUTE |                 |               |                                       |
| OTHER   |                 |               |                                       |
| ADDITIONAL COURSES                                |                 |               |                                       |
|   |                 |               |                                       |

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 Plumber Name Printed                                  Master License No: \_\_\_\_\_

\_\_\_\_\_  
Signature of Master Plumber                                  Date