



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

- Plumber license options: Journeyman Plumber (JP), Residential Journeyman Plumber (RJP), Master Plumber (MP), Residential Master Plumber (RMP)

APPLICANT INFORMATION

Full Legal Name: First Middle Last

All Previous Legal Names:

Other DOPL Licenses Held:

SSN: Date of Birth: Gender: Male Female

Address: Street Address (including Apt/Unit/Ste #) and/or PO Box

City: State: Zip:

Phone: () - Email: Note: All Division notices and communication will be sent to this email.

Please select one:

- I am a United States citizen or a non-citizen of the United States who is lawfully present.
I am a foreign national not physically present in the United States.
None of the above, please explain:

Driver License or State ID Card: State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

AFFIDAVIT AND RELEASE

- 1. I certify that I am qualified in all respects for the license for which I am applying with this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Applicant: Date:



QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

1. Yes No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
2. Yes No Do you CURRENTLY have **any criminal action active or pending**?
3. Yes No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **misdemeanor** in any jurisdiction?
4. Yes No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a felony in any jurisdiction?

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
- court record(s)
- police report(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

PROFESSIONAL LICENSES

List all other licenses, registrations or certification issued by any state which you now hold or have ever held in any profession. *(Use additional sheets if necessary.)*

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

If you identified a plumber license above, please answer the following:

- Yes No **After obtaining the license(s) above, have you engaged in at least one year of experience in the state, district, or territory of the United States where the license was issued?**

Note: If you answer yes to the question above, please see the checklist at the end of this application or [our website](#) for instructions on applying by endorsement.



Verification of Plumbing Experience

All **Journeyman** and **Residential Journeyman** level applicants must complete this form.

Note: *If your hours were obtained in another state, in addition to this form, you must provide official verification of your license from that state.*

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: _____
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

License Number: _____ State of Issue: _____

EMPLOYMENT INFORMATION: (TO BE COMPLETED BY THE EMPLOYER)

Name of Supervisor: _____ License Number: _____

Name of Contractor: _____ License Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

Is the applicant still employed? Yes No If no, is the applicant re-hirable? Yes No

Dates of Employment:

Apprentice: _____ to _____ Total hours: _____

Journeyman: _____ to _____ Total hours: _____

Master: _____ to _____ Total hours: _____

Residential Journeyman: _____ to _____ Total hours: _____

Residential Master: _____ to _____ Total hours: _____

Note: *Each year of work experience must include at least 2,000 hours; no more than 3,000 hours of work experience can be credited for each 12-month period.*

ATTESTATION:

I declare under criminal penalty under the law of Utah that the information provided above is true and correct is true and correct.

Authorized Signature: _____ Date: _____

Printed Name: _____ Position/Title: _____



Verification of Supervisory Plumbing Experience for Master Level Applicants

Master Plumber and Residential Master Plumber applicants must complete this form.

Note: If your hours were obtained in another state, in addition to this form, you must provide official verification of your license from that state.

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: _____
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

License Number: _____ State of Issue: _____

EMPLOYMENT INFORMATION: (TO BE COMPLETED BY THE EMPLOYER)

Name of Supervisor: _____ Supervisor License Number: _____

Name of Contractor: _____ Contractor License Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

Is the applicant still employed? Yes No If no, is the applicant re-hirable? Yes No

Dates of Employment:

Journeyman: _____ to _____ Total hours: _____

Residential Journeyman: _____ to _____ Total hours: _____

Note: Each year of work experience must include at least 2,000 hours; no more than 3,000 hours of work experience can be credited for each 12-month period.

ATTESTATION:

I declare under criminal penalty under the law of Utah that the information provided above is true and correct is true and correct.

Authorized Signature: _____ Date: _____

Printed Name: _____ Position/Title: _____



APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience. You do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

ALL APPLICANTS

The following items are required to complete your application:

- Application fee and supporting documentation checkboxes.

INITIAL APPLICATION

In addition to the items required for all applicants, you must submit the following items:

- Examination and documentation requirements for initial application.

Journeyman Plumber (JP):

- Requirements for Journeyman Plumber (JP) including transcript and experience form options.

Residential Journeyman Plumber (RJP):

- Requirements for Residential Journeyman Plumber (RJP) including transcript and experience form options.

Master Plumber (MP):

- Requirements for Master Plumber (MP) including exam score and experience verification.

Residential Master Plumber (RMP):

- Requirements for Residential Master Plumber (RMP) including exam score and experience verification.

ENDORSEMENT APPLICATION

In addition to the items required for all applicants, you must submit the following items:

- Endorsement requirements including verification and exam for Master Plumber applicants.

Submit completed application to the Division:

By US Postal Service: Division of Professional Licensing, PO BOX 146741, Salt Lake City, UT 84114-6741

By in-person or express delivery: Division of Professional Licensing, Heber M Wells Building, 1st Floor, 160 E 300 S, Salt Lake City, UT 84111

If you have questions, please contact the Division via our direct email address: B5@Utah.gov, or via the phone or fax number listed below. Do not send applications or payments to this email.