

EXPERIENCE VERIFICATION AFFIDAVIT

Each employer you want to be considered for verification must fill out this form.
This must be returned to the above address before application will be reviewed.

1. Name of Applicant: _____
LAST
FIRST
MI

2. Applicant Address: _____
CITY
STATE
ZIP

3. Please complete the experience section below. Each **Position Title** should be represented by Apprentice, Journeyman or Master plumber.

Dates From	Dates To	Position Title	Description of Plumbing Duties and Work	Total Hours

4. Name of Plumbing Contractor or Master Plumber who employed above applicant:

 PRINT NAME OF FIRM, PARTNERSHIP, CORPORATION OR MASTER

5. Address of Employer: _____
CITY
STATE
ZIP

6. Telephone of Employer: _____
PHONE
FAX

7. **THIS BOX IS FOR MASTER APPLICANTS ONLY:** If the applicant was in a supervisory capacity, please describe the type of work, dates, and a breakdown of hours he was employed in such capacity.

Dates From	Dates To	Description of Plumbing Work* (Master Applicants)	Total Hours

***ARM 24.180.301 (3) "Installation of plumbing and drainage systems" means, but is not limited to, the measuring, laying-out, cutting, fitting, soldering and gluing of pipe and/or the installation of fixtures and equipment for the purpose of connecting potable water or sewage**

I hereby declare under penalty of perjury that information provided on this affidavit is accurate to the best of my knowledge. In signing this affidavit, I am aware that a false statement or evasive answer to any question may lead to subsequent penalties of licensure on ethical grounds.

Legal Signature of Licensed Master Plumber/Contractor Making Statement

(Note: Applicant cannot verify their own hours)

_____ Date