

**APPLICATION FOR PLUMBING/HYDRONIC EXAMINATION/REGISTRATION**

<input type="checkbox"/> Apprentice Plumber {complete 1, 3, & 4 below}	REGISTRATION FEE	\$ 25.00
<input type="checkbox"/> Journeyman Plumber {complete 2, 3, & 4 below}	EXAM FEE	\$100.00
<input type="checkbox"/> Journeyman Hydronic {complete 2, 3, & 4 below}	EXAM FEE	\$100.00
<input type="checkbox"/> Temporary Traveler Plumber Journeyman {submit documentation from another jurisdiction & complete 5 below}	REG. FEE	\$100.00

PRINT LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

<u>EDUCATION</u>	<u>NAME</u>	<u>CITY</u>	<u># YEARS</u>
High School	_____	_____	_____
College	_____	_____	_____
Technical	_____	_____	_____

**1. (APPRENTICE SHOULD COMPLETE THIS SECTION)**

Apprentice Course \_\_\_\_\_ Location \_\_\_\_\_ Years in Program \_\_\_\_\_  
 {If apprenticeship course is through the State Dept of Labor, your DOL indenture papers must be submitted with this application.}

I am employed by \_\_\_\_\_ {print company name}

Contractor's Signature \_\_\_\_\_ {must be notarized} \_\_\_\_\_ {printed name}

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in State of Ohio, County of \_\_\_\_\_

\_\_\_\_\_ {notary public}

**2. (JOURNEYMAN SHOULD COMPLETE THIS SECTION)**

Years serviced as an apprentice \_\_\_\_\_ Apprenticeship served under \_\_\_\_\_

Name and location of apprenticeship school \_\_\_\_\_

Contractor's signature under whom apprenticeship completed \_\_\_\_\_ (Must be notartized)  
 {your signature verifies that applicant has completed required time for program}

Contractor's Name Printed \_\_\_\_\_ Sworn to and subscribed to before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 20\_\_\_\_ in the State of Ohio, County of \_\_\_\_\_ {notary public}

**3. (APPRENTICE & JOURNEYMAN MUST COMPLETE THIS SECTION IF AFFILIATED WITH A UNION)**

Union Signature \_\_\_\_\_ Union Stamp \_\_\_\_\_

**4. Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_**

**YOU MUST COMPLETE THE EMPLOYMENT HISTORY SHEET ON THE REVERSE SIDE OF THIS APPLICATION.  
 YOU MUST SUBMIT ALL CODUMENTATION AT TIME OF APPLICATION {copies of all municipal licenses, contractor letters or proof of qualification}  
 FEE MUST ACCOMPANY THIS APPLICATION. MAIL TO P.O. BOX 844, TOLEDO, OH 43697 OR HAND DELIVER TO ONE GOV. CNTR., SUITE  
 1600 @ INTERSECTION OF JACKSON & ERIE STREETS.**

**OFFICE USE ONLY** BOARD OF CONTROL APPROVAL [ ] DISAPPROVAL [ ]

REASON for disapproval \_\_\_\_\_ DATE \_\_\_\_\_

**TEST DATE** \_\_\_\_\_ **NO SHOW** \_\_\_\_\_ **PASSED** \_\_\_\_\_ **FAILED** \_\_\_\_\_

EMPLOYERS starting with most recent - NAME AND ADDRESS	From MO YR	To MO YR	Position and Nature of Work	Reason for Leaving

References

List three Persons or Business References, NOT RELATED TO YOU.

Name	Address	Phone Number	Occupation