



# PLUMBER'S AFFIDAVIT OF EXPERIENCE

(Time frame cannot exceed 12 months per affidavit)

Please read this information before completing the affidavit form below:

- There can be no errors, whiteouts, alterations, or additions on this form. You must submit the original.
- Time frame cannot exceed 12 months per affidavit.
- Washington hours will not be credited if you did not have a current plumber trainee certificate.
- The supervising plumber's name and certificate number are required.
- The plumbing contractor, authorized contractor representative, or union representative must complete and sign the following verification. Their signature must be notarized.
- Work in the commercial/Journey Level category requires supervision in a one to one ratio (one Journey Level plumber to one plumber trainee).
- Work in the residential/specialty, domestic pump, and pump and irrigation category requires supervision in a two to one ratio (one certified plumber to two plumber trainees).

I, \_\_\_\_\_ affirm and certify that  
Print name of owner, authorized contractor representative, or approved training director

\_\_\_\_\_ has worked in Washington as  
Print name of trainee Training certificate or Social Security Number

an employee of \_\_\_\_\_  
Print name of company or training program UBI or license number.

performing plumbing work from \_\_\_\_\_ to \_\_\_\_\_  
Month Day Year Month Day Year

and that the work was performed under direct supervision of a Washington certified Journey Level or Specialty plumber.

\_\_\_\_\_ Print supervising plumber name  
\_\_\_\_\_ Print supervising plumber certificate number

The experience was gained in the category indicated below for the number of hours shown.

Hours	Category	Hours	Category
_____	(01) Commercial	_____	(03) Pump and irrigation
_____	(02) Residential	_____	(03A) Domestic well

I hereby certify that the statements on this affidavit are true and accurate and request that these hours be credited to my plumbing training file.

\_\_\_\_\_ Date  
\_\_\_\_\_ Print name of trainee  
\_\_\_\_\_ Signature of trainee/applicant

***This section must be notarized.***

I hereby certify that the statements on this affidavit are true and accurate.

\_\_\_\_\_ Signature of owner, authorized contractor representative, or approved training director  
\_\_\_\_\_ Date

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE	MY COMMISSION EXPIRES ON
NOTARY PUBLIC IN AND FOR THE STATE OF	RESIDING AT

\_\_\_\_\_  
Notary signature and seal