



# Residential Service 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 written signature must be notarized.
- To qualify for the residential service plumbing examination after completing 4,000 hours and not less than two years of documented training:
  - The first year and no less than 2,000 hours of supervision must be under direct supervision of a certified journey level or residential specialty plumber. The hours must be reported on the affidavit of experience form ([F627-004-000](#))
  - The second year and 2,000 hours of trainee could be under a journey level, residential specialty or residential service plumber.
- Please see [RCW 18.106.070](#) section 3 regarding remote supervision requirements

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

\_\_\_\_\_ has worked in Washington  
Print name of trainee Trainee certificate or Social Security number  
as an employee of \_\_\_\_\_ performing plumbing  
Print name of company or training program UBI or license number  
work from \_\_\_\_\_ to \_\_\_\_\_ and that the work  
Month Day Year Month Day Year  
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 (04) Residential Service
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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