Department of Labor and Industries Plumber Licensing and Certification PO Box 44470 Olympia WA 98504-4470



Application For Plumbing Contractor License

Choose Your Business Structure (Entity)

Corporate structures (i.e., Corporation, Limited Partnership, Limited Liability Partnership, or Limited Liability Company)

- Must first file with Secretary of State (SOS)
- Apply online: www.secstate.wa.gov/corps or
- Download the form: www.secstate.wa.gov/corps/registration forms.aspx or
- Request an application by phone: 1-800-451-7985 option "0"

All other Business Structures

- Must file a Business License Application (BLA) with Department of Business Licensing Service (BLS)
- Apply online: www.bls.dor.wa.gov or download an application
- Complete an application at a local L&I, Department of Employment Security, Department of Revenue, or Business Licensing Service office or
- Request an application by phone: 1-800-451-7985 option "0"

Note: Filing online is the fastest way to receive a Business License.

Employer Identification Number (EIN)

• Unless you are a sole proprietor with no employees, an EIN number is required. An EIN number can be obtained by contacting the Internal Revenue Service at 1-800-829-4933 or www.irs.gov

License as a Plumbing Contractor

- Complete the Application for Plumbing Contractor License
- Obtain a Surety Bond or Assigned Savings Account \$6,000
- Obtain a Certificate of Liability Insurance (\$250,000 combined per occurrence amount) on which L&I
 must be the certificate holder. A certificate of insurance must be filed each year prior to the expiration
 date of the policy or the license will become automatically suspended and reinstatement fees will be
 assessed.
- Pay the licensing fee of \$ 139.10 (check, money order, cash, Visa, MasterCard, American Express and Discover)

Designated Plumber. Complete the Designated Plumber <u>Assignment/Un-assignment</u> form and submit it with this application packet. Only one dedicated plumber can be assigned to the business at a time.

Submit the required documents to the address listed at the top left of this page.

All documents must be the signed originals with no whiteouts or alterations

For more information on the plumbing contractor rules/regulations and other general information, visit our website at www.Lni.wa.gov/TradesLicensing/Contractors.

Instructions for Application for Plumbing Contractor's License

The following information is required

Business Entity: Select the structure under which your business operates.

Note: Corporate structures **must** be registered with Washington Secretary of State prior to application.

1. Business Name and Parent Company Name (a/b): In box 1.a, enter the trade name registered on your business license. If you did not register a trade name with, enter your personal name or the name registered with SOS. In box 1.b, enter the name registered with SOS if different than your Business Name.

Note: The business name (DBA) on the Application for Plumbing Contractor's License, Bond, and Certificate of Liability Insurance must match exactly.

- 2. Business Location: The physical location of your business. PO Boxes will not be accepted.
- 3. Mailing Address: The address where business mail is received. It may be a PO Box.
- 4. Business Telephone Number: The primary telephone number to reach your business.
- 5. Employer Identification Number (EIN): The EIN assigned by the Internal Revenue Service (IRS).
- 6. E-mail address: To be notified of upcoming contractor training events and changes to the law.
- 7. Previously licensed; Answer yes or no if you have ever had a plumbing contractor license before. If so, provide the UBI numbers.
- **8.** Continue to do business under current or previous license? If you are going to continue to conduct business under current or previous license, mark **Yes**. If you wish to close a current registration, mark **No**. Note: You must have a different designated plumber for each company
- **9. Industrial Insurance Account Number:** The number assigned by L&I when opening an Industrial Insurance account for employee workers compensation insurance coverage.

Note: the applicant must print name and sign the front of the application.

Applicant is defined in WAC 296-400a-005 as "Applicant" is any person, firm, corporation or other entity applying to become a licensed plumbing contractor according to chapter 18.106 RCW and this chapter. Applicant includes all principal officer(s), members, partners of a partnership, firm, corporation, or other entity named on the application.

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				Applicant must enter their UBI below.				
For L&I Use Only:		UBI:						
Entered by:		Validate:						
Verified by:								
Effective Date:								
Registration #:								
		T						
BLS:	DOR:	SOS:		Cross Referer	nce:			
Tax Warrant(s):	Bond Judgment(s):	Infraction(s):		Re-Reg:	Name Change:			
Business Entity (chec	k one of the following):	☐ Corporation		llc □l	.LP			
1a. Business Name								
1b. Parent Company Name								
2. Business Mailing Address		City		State	Zip Code			
3. Business Physical Location	on (if different than mailing)	City		State	Zip Code			
4. Business Phone Number 5. IRS Em				oyer ID Number (EIN)				
6. E-mail Address								
Washington? Were you contractor in Washingto	e corporate officers, owners or any of the corporate offi on? st the previous UBI and plur	cers, owners or p	partners	s previously lice	•			
8. Will the company cor	ntinue to do business under	the previous reg	istration	n number? 🗌 \	/es ☐ No			
9. Will you have employ Have you applied for yo	yees?	ount number:	Yes A	cct #				
Print Applicant's Name Applica				nt's Signature				
Applicant's Phone Number	Email Add	Email Address						

Complete Legal Names and Addresses

Must be completed by all individuals associated with this license. Please make additional copies if needed.

Alterations, White-Outs, or Errors will not be accepted

10. Full Legal Name	(First, Mide	dle, Last) <i>Ex</i> a	actly as shown on y	our driver's licens	e or other go	overnment-issued	identification	1	
11. Social Security Number or Individual Tax Identification Number		12. Date of Birtl	e of Birth		13. Driver's License Number				
14. Residence Address (no PO Box)				City			State	Zip Code	
15. Title Owner NOTE: Corporation	Partner n/LLC's ar	Spore required				Officer	1		
I certify under penals made in this addend To be signed in fro	lum are tr	ue and acc	e laws of the St	avit of Signa tate of Washin		all statements,	answers,	and representations	
Date	Signatur				Printed N	Name			
Notary Seal Notary Public		and sworn to before me on this date:		date: I	My Commission expires				
		lic Signature		Ī	Residing at:				
10. Full Legal Name	(First, Mide	dle, Last) <i>Ex</i> a	actly as shown on y	our driver's licens	e or other go	overnment-issued	identification	1	
11. Social Security N Tax Identification		ndividual	12. Date of Birtl	h		13. Driver's I	₋icense Nu	mber	
14. Residence Address (no PO Box)				City			State	Zip Code	
15. Title Owner NOTE: Corporation				y of SOS appli	ication or _l	Officer	-		
made in this addend	um are tr	ue and acc	e laws of the St	avit of Signa tate of Washin		all statements,	answers,	and representations	
To be signed in fro	Signatur				Printed N	ame			
Notary Seal		Subscribed and sworn to before me on this c			date: I	e: My Commission expires			
		Notary Public Signature		I	Residing at:				

Note: Lines 10-15 are required for each owner, partner, member, or corporate officer. Please make additiona copies of page 4 when needed.