



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.
- Work in the commercial/Journey Level and pump and irrigation category requires supervision in a one to one ratio (one Journey Level plumber to one plumber trainee).
- Work in the residential/specialty, domestic pump category requires supervision in a three to one ratio (one certified plumber to three plumber trainees).

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	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