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

360-902-5207

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 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 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 Washing 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

RESET