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

360-902-5207

# 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.
- Work in the specialty, domestic pump, and pump and irrigation category requires supervision in a three to one ratio (one certified plumber to three plumber trainees)
- 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 |

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