



Designated Plumber Assignment/Un-assignment

Who is the designated plumber of a Plumbing Contractor?

A designated plumber is an individual who holds a valid journey level plumber's certificate of competency, or specialty plumber's certificate of competency in the specialty for the scope of work performed and who agrees to perform the duties of the designated plumber as detailed in [RCW 18.106.400](#)

Instructions for Completing the Form:

1. Designated Plumber information:

Enter the name, address and license number of the designated plumber certificate holder who will be assigned or unassigned to or from the Plumbing Contractor License.

A. Assigning/Un-assigning Fee = \$50.00

This form may be used to both assign and un-assign a single designated plumber to and from a Plumbing Contractor at the same time with one fee (one person per form).

2. Assigning — Complete this portion when assigning to a Plumbing Contractor

Enter the name, license number, and address of the Plumbing Contractor the designated plumber is to be **assigned** to. The assignment date is typically the date the assignment fee is paid. The designated plumber must sign the form in front of a Notary Public who must then sign and affix their notary seal.

3. Un-assigning — Complete this portion when un-assigning from a Plumbing Contractor

Enter the name, license number, and address of the Plumbing Contractor the designated plumber is to be **unassigned** from. The un-assignment date is typically the date the un-assignment fee is paid. The designated plumber must sign the form in front of a Notary Public who must then sign and affix their notary seal.

A. When un-assigning, the Assignment Confirmation portion of the form **does not** need to be signed.

4. Notarization

The Notary Public must sign their name **and** affix their Notary Seal where indicated, and must fill in the other portions of the notary section of the form.

Assignment



Designated Plumber Assignment/Un-assignment

Section 1: Designated Plumber Information

| | | |
|--|--------------|----------------|
| Designated Plumber Name (Last Name, First Name Middle Initial) | | Date |
| Designated Plumber Certificate Number | Phone Number | Email address |
| Mailing Address | City | State Zip Code |

Section 2: Assigned. Revise my status as shown below (Use section 3 if necessary. Complete Section 5)

| |
|--|
| As of _____ I will be assigned to: _____ Month Day Year Plumber Contractor Name |
| Plumbing Contractor License Number City State Zip Code |
| I agree to perform the duties of the Designated Plumber as stated in Chapter 18.106 RCW and to notify the department within 10 days of a change in my assignment as a Designated Plumber |
| Date Designated Plumber Signature – Signature <i>must</i> be notarized |

Section 3: Un-assigned. Revise my status as shown below (Use 2 if necessary).

| |
|--|
| As of _____ I will be un-assigned from: _____ Month Day Year Plumber Contractor Name |
| Plumbing Contractor License Number City State Zip Code |
| I confirm that I am no longer performing the duties of the Designated Plumber as stated in Chapter 18.106 RCW and am notifying the department within 10 days of a change in my assignment as a Designated Plumber. |
| Date Designated Plumber Signature – Signature <i>must</i> be notarized |

Section 4: Notarization

| |
|---|
| Subscribed and sworn to before me this date |
| Notary public signature |
| For the state of |
| Residing at |
| Title |
| My commission expires |

| |
|----------------------|
| Notary Seal or Stamp |
|----------------------|

Section 5: Assignment Confirmation (Confirmation required when Designated Plumber is assigning.)

| | | |
|---|-------------------------------------|-----------|
| I am the owner, partner, principal, or an officer in the contractor above. I confirm the above applicant is to be assigned as the designated plumber for this plumbing contractor's license to perform the Designated Plumber duties per Chapter 18.106 RCW . | | |
| Date | Company Representative Printed Name | Signature |

| | | | |
|--|-----------------|-----------------|----------|
| Department Use Only <input type="checkbox"/> Assignment <input type="checkbox"/> Separation | Slip Print here | | |
| | Reason Code | Separation Date | Initials |