State of New Jersey  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF EXAMINERS OF MASTER PLUMBERS  
124 HALSEY STREET, 6TH FLOOR, P.O. BOX 45008  
NEWARK, NEW JERSEY 07101  
(973) 504–6420

Work Experience Certification for Apprentice Plumber  
(Please print in ink or type.)

Last name of employer  
First name  
Middle initial

Name of company

Street address  
City

State  
ZIP code  
Telephone number (include area code)

This Work Experience Certification form properly completed on both sides by you, the employer, will assist the State Board of Examiners of Master Plumbers (Board) to determine the qualifications of the applicant for registration as an apprentice plumber. Your reply will be considered confidential information by the Board.

The Board expects every person signing this Work Experience Certification to understand that they are attesting to the applicant’s good character, working skills and employment experience. Statements by responsible people with actual knowledge of the applicant’s qualifications will be considered by the Board as evidence of the above.

This form should be returned to the Board, at the above address, within 15 days. If you do not return this form to the Board within 15 days, the Board will request that you appear personally.

STATEMENT OF REFERENCE (THIS FORM SHOULD NOT BE FILLED OUT IN THE PRESENCE OF THE APPLICANT.)

Last name of applicant  
First name  
Middle initial

Street address  
City

State  
ZIP code  
Telephone number (include area code)

1. How long have you known the applicant? ______________________________

2. What is your relationship to the applicant? ______________________________

3. How long was the applicant employed by you? Give the exact dates.

From ______________________________ To ______________________________

From ______________________________ To ______________________________

Date _________________________  Month/Day/Year
4. Please indicate the extent of the applicant’s plumbing background while employed with you by putting a check in the appropriate box.

☐ Helper or apprentice (not enrolled in an accredited and approved plumbing apprenticeship program):
From ___________________________ To __________________________
Month/Day/Year Month/Day/Year

☐ Apprentice (enrolled in an accredited and approved plumbing apprenticeship program):
From ___________________________ To __________________________
Month/Day/Year Month/Day/Year

☐ Journeyman:
From ___________________________ To __________________________
Month/Day/Year Month/Day/Year

5. What were the applicant’s duties while employed by you?
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

6. What is your business or profession?
_____________________________________________________________________________________________
_____________________________________________________________________________________________

7. Are you a New Jersey licensed master plumber? ☐ Yes ☐ No
If “Yes,” what is your license number?
_____________________________________________________________________________________________

Are you licensed in any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
If “Yes,” please indicate where you are licensed and provide the license number: __________

State of jurisdiction License number

8. Are you a personnel director or representative of a firm? ☐ Yes ☐ No
If “Yes,” please provide the following information:

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<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Middle initial</th>
<th>Title</th>
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<tr>
<td>State</td>
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9. If you are not a licensed master plumber, give the name, address, telephone number and license number of the licensed master plumber who supervised the applicant.

<table>
<thead>
<tr>
<th>Last name</th>
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<th>License number</th>
<th>Title</th>
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I certify that the above information is correct to the best of my knowledge. I understand that if I certify false statements, I am subject to punishment.

______________________________________________________
Signature

________________________________________
Date

If you have any additional information, please provide it.