

Date _____
Month/Day/Year



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 Journeyman 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 re registration as a journeyman 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		
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 _____
Month/Day/Year Month/Day/Year

From _____ To _____
Month/Day/Year 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:

Last name First name Middle initial Title

Street address City

State ZIP code Telephone number (include area code)

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.

Last name First name Middle initial License number Title

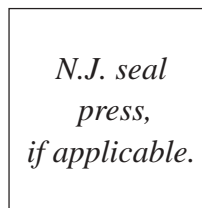
Street address City

State ZIP code Telephone number (include area code)

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.