Journeyman Plumber License Application

Department of Consumer and Business Services
Building Codes Division • Licensing Program
1535 Edgewater St. NW, Salem, Oregon
Mailing address: P.O. Box 14470, Salem, OR 97309-0404
Phone: 503-378-4133 • Web: oregon.gov/bcd

Mail application with payment to:

DCBS Fiscal Services
P.O. Box 14610
Salem, OR 97309-0445

Secure fax: 503-947-2333

This form is used to apply for a journeyman plumber license. To qualify as a journeyman plumber, you must meet the requirements for one of the pathways listed in step 2. **Application fees are nonrefundable.**

STEP 1 APPLICANT INFORMATION *(Please print)*

Name: *(last, first, middle)*		Phone:
Address: *(street or P.O. Box)*		Fax:
City:	State:	ZIP:
Email:		
Social Security number: *(Required, ORS 25.785)*		

STEP 2 LICENSE PATHWAY *(Choose one)*

☐ **Pathway 1**

Your application must include the following:

- ☐ Proof of at least 576 hours of plumbing-related classroom training
- ☐ Proof of 3,850 hours of lawful commercial on-the-job experience
- ☐ Proof of 3,850 hours of lawful residential on-the-job experience

☐ **Pathway 2**

Your application must include the following:

- ☐ Proof of 7,700 hours of commercial work experience lawfully obtained while holding a license with a similar scope of work to an Oregon journeyman plumber (individual installer license)
- ☐ Proof of 7,700 hours of residential work experience lawfully obtained while holding a license with a similar scope of work to an Oregon journeyman plumber (individual installer license)

STEP 3 TEST LOCATION

Select a test location from the list below. More details can be found at www.oregon.gov/bcd/licensing/Pages/exam.aspx.

☐ Bend	☐ Eugene	☐ Hermiston	☐ Klamath Falls
☐ Ontario	☐ Pendleton	☐ Portland	☐ Roseburg
☐ Salem	☐ White City		

DEPARTMENT USE ONLY

☐ Approved ☐ Denied	Signature:	Date:
Comments:		

☐ Visa ☐ MasterCard ☐ Discover Phone:

Cardholder signature

$ **100**
Amount

Name of cardholder as shown on credit card

Credit card number

/
Expiration date

Make check or money order payable to Department of Consumer and Business Services. If paying by credit card, applicant must sign credit card information box. Do not send cash.

Secure fax: 503-947-2333
PCA/OBJ: 12104/0600

DCBS Fiscal use only:

STEP 4 EMPLOYMENT HISTORY

List your experience consecutively, beginning with your present or most recent position. Describe in detail your related duties and responsibilities, technical areas, type of buildings and occupancies, etc. If more space is needed to list experience, please attach additional pages.

Verification of work experience (Form 440-2571A) must be included with this application for each employer.

PRINT OR TYPE

Applicant name:	
Employer's name:	Period of employment:
Address:	Hours worked per week:
Phone number:	Position/title:
Describe the work performed:	
Employer's name:	Period of employment:
Address:	Hours worked per week:
Phone number:	Position/title:
Describe the work performed:	
Employer's name:	Period of employment:
Address:	Hours worked per week:
Phone number:	Position/title:
Describe the work performed:	
Employer's name:	Period of employment:
Address:	Hours worked per week:
Phone number:	Position/title:
Describe the work performed:	

STEP 5 PREVIOUS LICENSES

List all individual or contractor plumbing licenses you hold or have held in any state. Submit a copy of all out-of-state licenses with your application.

List licenses: _____

STEP 6 PHOTOGRAPH OF APPLICANT

Applicant must submit a 2-by-2-inch passport-style photo. Write your name on the back of your photo and submit it with your application. This photo will be printed on your license when it is issued. **Do not staple the photo.**

STEP 7 APPLICATION CHECKLIST

- ☐ Completed Journeyman Plumbing License Application *(this form)*, with the affidavit signed *(step 8)*.
- ☐ Verification of work experience (Form 440-2571A) from each employer.
- ☐ Additional documentation:
  - Proof of completion of an out-of-state apprenticeship program recognized by the State of Oregon.
  - Official transcripts of classroom training.
- ☐ Proof of a high school diploma, GED, or equivalent. A college degree will substitute.
- ☐ Passport-style photo (2" x 2") with the applicant's name on the back.
- ☐ Payment of fee.

STEP 8 AFFIDAVIT

- I hereby certify that, to the best of my knowledge, the information on this application is complete and correct.
- I understand that my license may be suspended, conditioned, or revoked if I have deliberately falsified my application.
- I understand that, if I provide false information on this application or cheat on a licensing examination, my application will be denied and I may not apply for any license or be allowed to take any division-related examination for one year from the date of denial. ***(OAR 918-001-0040)***
- I certify that I have read these statements and understand the terms of my license.

Applicant name *(print)*:	Date:
Applicant signature:	

JOURNEYMAN PLUMBER LICENSING REQUIREMENTS

To qualify for the Oregon journeyman plumber licensing exam, an applicant must submit:

- Verified proof of at least 576 hours of academic classroom training in subjects listed in OAR 918-695-0030(2)(a); **AND**
  Verified proof of 3,850 hours lawful commercial AND 3,850 hours lawful residential on-the-job experience as an apprentice or journeyman plumber. On-the-job experience must meet the minimum qualifications of 918-695-0030(2)(b) and (c); **OR**
- Verified proof of 7,700 hours of commercial work experience lawfully obtained while holding a license with a similar scope of work to an Oregon journeyman plumber (individual installer license); **AND**
  Verified proof of 7,700 hours of residential work experience lawfully obtained while holding a license with a similar scope of work to an Oregon journeyman plumber (individual installer license)

ADDITIONAL INFORMATION

- Verification of equivalent training and experience must come from one of the following:
  - Current or previous employer actively involved in the applicant's work; **OR**
  - If employer is out of business, deceased or otherwise unlocatable, the applicant's supervisor; **OR**
  - If neither employer nor supervisor can be located, from a co-worker directly involved in work performed by the applicant. Co-worker verification must be accompanied by employment records or other supporting documentation that co-worker worked with applicant and has knowledge of the work performed.
- Applicants relying on military experience must submit:
  - Official documentation from a supervising official showing type and approximate hours of work experience; **OR**
  - If supervisory officials cannot be located, other reliable documentation verifying training and experience. OAR 918-030-0050.
- For the purpose of qualifying for a license, the division will only consider 2,000 hours of lawful work experience per year. OAR 918-030-0030(4).

Plumbing Experience Verification Form

Department of Consumer and Business Services
Building Codes Division • Licensing Program
1535 Edgewater St. NW, Salem, Oregon
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This form is used to verify work experience for journeyman and specialty plumbing license applicants.

Verification of equivalent training and experience must come from one of the following:

- Current or previous employer actively involved in the applicant's work; **or**
- If employer is out of business, deceased or otherwise unlocatable, the applicant's supervisor; **or**
- If neither employer nor supervisor can be located, from a co-worker directly involved in work performed by the applicant. Co-worker verification must be accompanied by employment records or other supporting documentation that co-worker worked with applicant and has knowledge of the work performed.

Applicants relying on military experience must submit:

- Official documentation from a supervising official showing type and approximate hours of work experience; **or**
- If supervisory officials cannot be located, other reliable documentation verifying training and experience. OAR 918-030-0050.

For the purpose of qualifying for a license, the division will only consider 2,000 hours of lawful work experience per year. OAR 918-030-0030(4).

STEP 1 VERIFIER/APPLICANT INFORMATION

To: (verifier)		Phone:
Address: *(street or P.O. Box)*		
City:	State:	ZIP:
Email:		
For: (applicant)		

STEP 2 VERIFIED EXPERIENCE

Describe the applicant's position and type of work performed. Provide any details that might help us evaluate the applicant's experience. Additional sheets may be attached if necessary.

I certify that I know the applicant and have direct knowledge that the applicant was employed as follows:

Employer:	
Position/Title:	Period of employment:
Duties, skills, functions:	

I certify that the information included in this form is true and correct.

Verifier's name *(print)*:	Date:
Verifier's signature:	

Continued on next page

STEP 3 PLUMBING WORK PERFORMED

List the number of hours the applicant performed plumbing work in the following categories:

Category of plumbing work	Total hours residential	Total hours commercial
Sewage		
Drainage, water, and vent piping		
Soldering, brazing, and welding		
Water: supply, mains, services, and appurtenances		
Fixtures, appliances, trim, and supports		
Miscellaneous plumbing, piping, repair, and maintenance		
Water-treatment equipment		
Solar heating and cooling systems		

STEP 4 JOB DUTIES

Please provide a comprehensive list of job duties. If more space is needed, please attach additional sheets.

Sewage: sanitary and storm piping disposal

Residential: _____

Commercial: _____

Drainage, water, and vent piping

Residential: _____

Commercial: _____

Soldering, brazing, and welding

Residential: _____

Commercial: _____

Water: supply, mains, services, and appurtenances

Residential: _____

Commercial: _____

Fixtures, appliances, trim, and supports

Residential: _____

Commercial: _____

Miscellaneous plumbing, piping, repair, and maintenance

Residential: _____

Commercial: _____

Water-treatment equipment

Backflow prevention: _____

Cross-connection prevention: _____

Water treatment installation and maintenance: _____

Solar heating and cooling systems

Backflow prevention: _____

Panel installation and repair _____

Design and sizing