

## **Plumbing Experience Verification Form**

## 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

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 V	VERIFIED EXPERIENCE				
Describe the applicant's position and type of vapplicant's experience. Additional sheets may I certify that I know the applicant and have directions.	be attached if necessary				
Employer:					
Position/Title:	n/Title: Period of				
Duties, skills, functions:					
I certify that the information included in this form is true and correct.					
Verifier's name (print):			Date:		
Verifier's signature:					
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STEP 3	PLUMBING WO	RK PERFORMED	
List the number of hours the applicant	t performed plumbing	work in the following categor	ies:
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 ap	purtenances		
Fixtures, appliances, trim, and suppor			
Miscellaneous plumbing, piping, repa	ir, and maintenance		
Water-treatment equipment			
Solar heating and cooling systems			
STEP 4		DUTIES	
Please provide a comprehensive list of		pace is needed, please attach ac	dditional 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 supp	orts		
Residential:			
Commercial:			
Miscellaneous plumbing, piping, re	pair, and maintenan	ce	
Residential:	•		
Commercial:			
Water-treatment equipment			
D - 1-9			
Cross-connection prevention:			
Water treatment installation and ma			
Solar heating and cooling systems			
Backflow prevention:			
Panel installation and repair			
Design and sizing			

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