



# Limited Specialty Plumbing 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

<b>INTRODUCTION</b>		
This form is used to apply for a limited specialty license. Each license has specific requirements to allow an applicant to qualify. For specific requirements of each license, please read Page 4. <b>Application fees are nonrefundable.</b>		
<b>STEP 1 APPLICANT INFORMATION (Please print)</b>		
Name: <i>(last, first, middle)</i>	Phone:	
Address: <i>(street or P.O. Box)</i>	Fax:	
City:	State:	ZIP:
Email:		
Social Security Number: <i>(Required, ORS 25.785)</i>		
<b>STEP 2 TYPE OF APPLICATION (Choose one)</b>		
Select the license type you would like to apply for:		
<input type="checkbox"/> Solar heating and cooling installer (STL).....\$100 <input type="checkbox"/> Water-treatment installer (WTI) .....\$100 <input type="checkbox"/> Limited water heater installer (WHI) .....\$100		
<b>STEP 3 TEST LOCATION</b>		
Select a test location from the list below. More details can be found at <a href="http://www.oregon.gov/bcd/licensing/Pages/exam.aspx">www.oregon.gov/bcd/licensing/Pages/exam.aspx</a>		
<input type="checkbox"/> Bend	<input type="checkbox"/> Eugene	<input type="checkbox"/> Hermiston
<input type="checkbox"/> Ontario	<input type="checkbox"/> Pendleton	<input type="checkbox"/> Portland
<input type="checkbox"/> Salem	<input type="checkbox"/> White City	<input type="checkbox"/> Klamath Falls
<input type="checkbox"/> Roseburg		
<b>DEPARTMENT USE ONLY</b>		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Signature: _____
Comments:		Date: _____

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	Phone: _____
_____		\$	_____
Cardholder signature		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:
-----------------------

<b>STEP 4</b>	<b>EMPLOYMENT HISTORY</b>
---------------	---------------------------

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.

**(STL and WTI only):** Verification of work experience (Form 440-2571A) must be included 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:	
Employer's name:	Period of employment:
Address:	Hours worked per week:
Phone number:	Position/title:
Describe the work performed:	

<b>STEP 4A Residential Water-Heater Installer Employment Verification (WHI Only)</b>
--

**This section must be completed by the holder of the qualifying license.**

Employers name:	Phone:	
Address:		
City:	State:	Zip:
Qualifying license number: <i>(LHR, LMS, PB, PBH, or PM)</i>	Qualifying license number: <i>(LHR, LMS, PB, PBH, or PM)</i>	
License holder's name <i>(print)</i> :	Date:	
License holder's signature:		

<b>STEP 5</b>		<b>PREVIOUS LICENSES</b>	
<p>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.</p> <p>List licenses: _____</p>			
<b>STEP 6</b>		<b>PHOTOGRAPH OF APPLICANT</b>	
<p>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. <b>Do not staple the photo.</b></p>			
<b>STEP 7</b>		<b>APPLICATION CHECKLIST</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Completed Limited Specialty Plumbing License Application (<i>this form</i>), with the affidavit signed (<i>step 8</i>).               <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>STL and WTI Only:</b> Verification of work experience (Form 440-2571A) from each employer.</li> </ul> </li> <li><input type="checkbox"/> Additional documentation:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of completion of an equivalent lawful out-of-state training.</li> <li><input type="checkbox"/> Official transcripts of classroom training.</li> </ul> </li> <li><input type="checkbox"/> Proof of a high school diploma, GED, or equivalent. A college degree will substitute.</li> <li><input type="checkbox"/> Passport-style photo (2" x 2") with the applicant's name on the back.</li> <li><input type="checkbox"/> Payment of fee.</li> </ul>			
<b>STEP 8</b>		<b>AFFIDAVIT</b>	
<ul style="list-style-type: none"> <li>• I hereby certify that, to the best of my knowledge, the information on this application is complete and correct.</li> <li>• I understand that my license may be suspended, conditioned, or revoked if I have deliberately falsified my application.</li> <li>• 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.</li> <li>• I certify that I have read these statements and understand the terms of my license.</li> </ul> <p>Applicant name (<i>print</i>): _____ Date: _____</p> <p>Applicant signature: _____</p>			

## **WATER-TREATMENT INSTALLER (WTI) LICENSING REQUIREMENTS**

To qualify for the water-treatment installer (WTI) licensing exam, an applicant must submit:

- A certificate of completion from a registered 18-month Oregon State Apprentice program or a referral letter from either the registered training committee or Oregon Plumbing Board approved training program. OAR 918-030-0030(1)(a); 918-695-0130(3)(a); **OR**
- Proof of 210 hours of lawful experience and training in all work categories listed in 918-695-0130(3)(b)(A); **AND**
- Proof of 3,000 hours of training in all of the subject areas listed in OAR 918-695-0130(3)(b)(B).

## **RESIDENTIAL WATER-HEATER INSTALLER (WHI) LICENSING REQUIREMENTS**

To qualify for the water-heater installer (WHI) licensing exam, an applicant must:

- Be an individual sole proprietor, partner in a partnership, or designated officer or employee of a corporation, with both an electrical limited specialty (LMS) and a plumbing contractor license; **AND**
- Have the application signed by the plumbing-electrical contractor in step 6; **AND**
- Complete an approved eight-hour training class for WHIs.

## **SOLAR HEATING AND COOLING INSTALLER (STL) LICENSING REQUIREMENTS**

To qualify for the solar heating and cooling installer (STL) licensing exam, an applicant must submit:

- Proof of completion of a division approved training program that includes 2,288 hours of classroom and on-the-job training listed in 918-695-0125(2)(b); **OR**
- Proof of 2,000 hours of lawful experience and training in the categories listed in 918-695-0125(2)(c).

## **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  
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 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>I certify that the information included in this form is true and correct.</i>	
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 \_\_\_\_\_