City of Columbia, Missouri

Application for Plumbing Certification

Building and Site Development, City of Columbia
701 East Broadway, 3rd Fl, PO Box 6015, Columbia, Missouri 65205
Phone: 573-874-7474 Fax: 573-874-7283 TTY: 573-874-7251

Name	Date Applying
Address	City / State / Zip
Phone #	Email Address

☐ **Application for Examination** ☐ **Application for Reciprocation**

☐ Master (Type A) ☐ Journeyman (Type B)

EMPLOYER INFORMATION **proof of hours required, attach separetely, use add'l sheets as needed*

Current Employer	Dates of Employment	Plumbing Hrs Worked
Employer's Address	Employer's Phone #	
Previous Employer / Address	Dates of Employment	Plumbing Hrs Worked
Previous Employer / Address	Dates of Employment	Plumbing Hrs Worked

Overall **Total of Trade Hours worked** to apply for testing / reciprocation: (incl. from sep. sheet)

EDUCATION / CREDENTIALS

Grade School: Years High School: Years College: Years

Special Training in Plumbing field at Trade/Vocational School and/or Military Experience

School or Branch / Dates

Courses Taken applicable to Plumbing:

Current Plumbing License(s) Type Held City of License

Master Plumber Statement required for Application Submission: "I hereby certify that _____ was/is currently employed by me and has worked for me for a period of _____ as an ☐ Apprentice ☐ Journeyman plumber." _____ _____

Master Plumber Name Printed Master Plumber Signature

Previous Plumbing Testing taken: Testing Entity

Date Taken Test Score

I hereby state the above information is true and correct, and agree to abide by the regulations and Ordinances of the City of Columbia, MO.

Signature

For Office Use Only: ☐ Approved to Test ☐ Approved for Reciprocation ☐ Denied

Approved by signature: Decision Date