



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 separately, 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	<input style="width: 90%; height: 20px;" type="text"/>
Date Taken	<input style="width: 60px;" type="text"/>	Test Score <input style="width: 60px;" type="text"/>

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

