



Plumber's Affidavit of Experience

(Time frame cannot exceed 12 months per affidavit)

Plumber Program
PO Box 44470
Olympia WA 98504-4470

Trainee Responsibilities: Mail the original copy of this affidavit to the address above.

Affidavit Deadlines: From the date your training certificate expires, you have 30 days to turn in your affidavits for the previous year. Affidavits received at L&I after the deadline may not be credited.

Hours Supervision Ration:

Journey Level/Commercial: One to One ratio (one certified plumber to one plumber trainee)

Residential Specialty: One to Three ratio (one certified plumber to three plumber trainees)

Residential Service: One to Three ratio (one certified plumber to three plumber trainees)

Pump & Irrigation: One to One ratio (one certified plumber to one plumber trainee)

Domestic Well: One to Three ratio (one certified plumber to three plumber trainee)

Affidavit

Please print clearly in ink, no errors, whiteouts, or alterations. Trainee must submit the original copy to L&I. Must have had an active trainee card during the time frame. Supervising plumber's name and certificate number are required.

I _____ affirm and certify that
 Printed name of owner, authorized contractor representative or approved training director

_____ has worked in Washington State
 Printed Name of trainee Training certificate or Social Security No.

as an employee of _____ performing plumbing
 Printed Name of Company/Training Program UBI Number

work from _____ / _____ / _____ To _____ / _____ / _____ and that the work was performed under direct
 Month Day Year Month Day Year

supervision of a Washington State certified Journey Level or Specialty Plumber.

_____ Printed Supervising Plumber Name
 _____ Printed Supervising Plumber Certificate Number

For Supervisor ratios see [RCW 18.106.070](#). For remote supervision requirements see [RCW 18.106.070](#) Section 3
 Please see [WAC 296-400A-010](#) for plumbing certificate types and scope of work.

Hours	Category	Hours	Category	Hours	Category
_____	(01) Commercial	_____	(02) Residential	_____	(03) Pump & Irrigation
_____	(03A) Domestic Well	_____	(04) Residential Service		

I hereby certify that the statements on this affidavit are true and accurate and request that these hours be credited to my plumbing training file.

_____ Date Printed Name of Trainee Signature of trainee/applicant

Below to be completed in the presence of a Notary Public

I hereby certify that the information on this affidavit is true and accurate. I acknowledge that the department may issue citations for false statements or material misrepresentation or other violations per RCW 18.106 and WAC 294-400A

_____ Signature of owner, authorized contractor representative or approved training director named above Date signed

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS DATE:	MY COMMISSION EXPIRES ON
NOTARY PUBLIC IN AND FOR THE STATE OF:	RESIDING AT:

Notary signature and seal