

Department of Labor and Industries  
 Plumber Certification Section  
 PO Box 44470  
 Olympia WA 98504-4470



# JOURNEYMAN / SPECIALTY / MEDICAL GAS INSTALLER/ OR TRAINEE RENEWAL

Mail this renewal to:

PLUMBERS CERTIFICATION SECTION  
 DEPARTMENT OF LABOR AND INDUSTRIES  
 PO BOX 44470  
 OLYMPIA WA 98504-4470

For your convenience, this form  
 may be folded so the address at  
 left will show in a window  
 envelope.



**Make your check payable to the  
 "Dept. of Labor and Industries"  
 and submit with this completed  
 form for your renewal.**

Certificate or Endorsement Number
Social Security Number (for ID only)

*Please check the box below to indicate which certificate you are renewing.*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>Backflow Specialty</b><br>\$73.50<br>2 year renewal                      | <input type="checkbox"/> <b>Backflow Trainee</b><br>\$39.70<br>Annual renewal | <input type="checkbox"/> <b>Journeyman/Residential</b><br>\$106.50<br>2 year renewal |
| <input type="checkbox"/> <b>Domestic Pump/<br/>Pump and Irrigation</b><br>\$159.80<br>3 year renewal | <input type="checkbox"/> <b>Plumber Trainee</b><br>\$39.70<br>Annual renewal  | <input type="checkbox"/> <b>Medical Gas Installer</b><br>\$36.60<br>Annual renewal   |

**If past expiration date, a double renewal fee is required for renewal of:**

- **Journeyman/Residential Specialty \$213.00**
- **Domestic Pump/Pump and Irrigation \$319.60**
- **Backflow Specialty \$147.00**
- **Medical Gas \$73.20**

**After 90 days, you must retest according to RCW 18.106.070**

I, \_\_\_\_\_, wish to renew my Plumbing Certificate  
*print name clearly*

that expires on \_\_\_\_\_

My name		
Mailing address		
City	State	ZIP+4
Telephone number (include area code)		
Date	Signature	