



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 Ratio:

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)

Plump & 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. or Individual Tax Identification Number			
as an employee of _____		performing plumbing			
Printed Name of Company/Training Program		UBI Number			
work from _____	/ /	To _____	/ /		
Month	Day	Year	Month	Day	Year
and that the work was performed under direct					
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

Notary signature and seal

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