



Application – Pump Installer Combination Plumbing & Electrical Contractor License

Mail application & fees to:

Plumber Licensing
PO Box 44470
Olympia WA 98504-4470

<https://Lni.wa.gov/Licensing-Permits/Plumbing>

Plumbing License Portion (GL 2400)	\$139.10
Designated Plumber Assignment (GL 2405)	\$50.00
Electrical Contractor License Portion (GL 1450)	\$312.30
Administrator/Master Assignment (GL 1555)	\$46.80

Total Fee Due: \$548.20

Contact your [local L&I office](#) for assistance if needed.

Renew – get a reprint or update contact info: www.Lni.wa.gov/Licensing-Permits/Manage-Licenses-Certificates

Find fillable forms online. Search by form number or keyword: www.Lni.wa.gov/Forms-Publications/Search

Learn about electrical permits and inspections: www.Lni.wa.gov/Licensing-Permits/Electrical/Electrical-Permits-Fees-and-Inspections

BEGIN HERE

Don't lose your fees! Incomplete applications may result in denial. If denied, resubmittal requires new application fees.

STEP 1 – Depending on your business structure, register/file with at least one of the agencies listed below. This is the point where you establish your business name. All documents prepared for this application must use that **exact** business name.

☐ Register with the [Department of Revenue](#) and obtain a business license and Uniform Business Identifier (UBI) number.

☐ File with the [State of Washington Secretary of State Corporations Division](#).

[Local L&I offices](#) can help you get things set up with the agencies above.

STEP 2 – After completing what you need to do above, you are ready to obtain your \$6,000 Plumbing Contractor Bond. Include the following with your application:

- ☐ An **original** [Continuous Plumbing Contractor's Surety Bond form \(F627-047-000\)](#) (not performance, license, or permit bonds) completed by your bonding agent with an effective date and seal of the bonding company. (*Business name must **exactly** match the business name used in Step 1*) **OR**
- ☐ In lieu of the surety bond and form above, you may submit an **original** [Assigned Savings Account form \(F627-049-000\)](#) completed by a [Washington State Chartered Bank](#).

STEP 3 – With your application, provide proof of insurance coverage for a minimum \$50,000 property damage and \$200,000 public liability. Coverage must be for each occurrence.

☐ With this application, I am submitting an **original** Certificate of Insurance or other insurance document with **all** of the following:

☐ Exact business name used in Step 1

☐ Expiration date or until cancelled

☐ Policy Number

☐ Effective Date

☐ Signature of Agent

☐ Cancellation Clause

☐ Amount of Each Occurrence Coverage

For L&I Use Only

Transaction ID

License Number

UBI Number

STEP 4 – Assign one electrical administrator/master electrician **and** one designated plumber to your business by completing the forms below. Include both with this application.

☐ [Change Assignment of Administrator/Master Certificate Form \(F503-009-000\)](#)

☐ [Designated Plumber Assignment/Un-Assignment Form \(F627-052-000\)](#)

Those assigned must have certifications appropriate to type of contractor license sought. Only (01) or (03) may assign to (PL03/EC03) contractors. Only (01), (03), or (03A) may assign to (PL03A/EC03A) contractors.

STEP 5 – Complete Parts **A – E**. Contact your local L&I office for assistance if needed.

Part A – Select “Yes” or “No” for each of the following questions. Please information as requested.

1. Do you plan to hire or do you have employees? ☐ Yes ☐ No
If “Yes”, you **must** enter your Industrial Insurance Account Number here: _____
2. Are you currently licensed as a plumbing contractor with this agency? ☐ Yes ☐ No
If “Yes”, enter that license here: _____
Do you want that license placed out of business? ☐ Yes ☐ No
3. Are you currently licensed as an electrical contractor with this agency? ☐ Yes ☐ No
If “Yes”, enter your previous license number here: _____
Do you want that licensed placed out of business? ☐ Yes ☐ No
4. Have any of the principal owners/officers under any other construction business name been previously or are currently registered in Washington as a construction contractor? ☐ Yes ☐ No
If “Yes”, enter your business name: _____
Do you want your construction contractor registration continued as a separate business? ☐ Yes ☐ No
Do you want your construction contractor registration listed as inactive? ☐ Yes ☐ No

Part B – Select one type of contractor license (see [WAC 296-400A-010](#) and [296-46B-920](#) for scope-of-work details).

- ☐ PL03/EC03 Pump and Irrigation Installer Plumbing Contractor/Electrical Contractor
- ☐ PL03A/EC03A Domestic Pump Installer Plumbing Contractor/Electrical Contractor

Part C – Select your ownership structure (select only one):

- | | |
|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Partnership (LLP) |
| <input type="checkbox"/> Individual/Sole Proprietor | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Other: _____ |

Part D – Business information.

Business Name (<i>Must exactly match name used in Step 1</i>)		Phone Number (with area code)	
Business Mailing Address		City	State Zip Code
Parent Company Name if Trade Name			
Fax Number (with area code)	Email Address	UBI Number	

Continue to next page

Part E – List all governing members of the firm – names must match listed with the Corporate Division in the Office of Secretary of State (SOS) and/or the Department of Department of Revenue (DOR). *Include a supplemental list with your application if needed.*

Please note: Social Security Numbers, dates of birth, and legal addresses are required for L&I licensing according to RCW 26.23.150; WAC 296-46B-925(1); and 42 USC §666(a)(13).

Governing Member (Last, First, Middle Initial) or Entity Name		Date of Birth	
Social Security Number or UBI	Phone Number (with area code)		
Mailing Address	City	State	Zip Code

Governing Member (Last, First, Middle Initial) or Entity Name		Date of Birth	
Social Security Number or UBI	Phone Number (with area code)		
Mailing Address	City	State	Zip Code

Governing Member (Last, First, Middle Initial) or Entity Name		Date of Birth	
Social Security Number or UBI	Phone Number (with area code)		
Mailing Address	City	State	Zip Code

Governing Member (Last, First, Middle Initial) or Entity Name		Date of Birth	
Social Security Number or UBI	Phone Number (with area code)		
Mailing Address	City	State	Zip Code

Governing Member (Last, First, Middle Initial) or Entity Name		Date of Birth	
Social Security Number or UBI	Phone Number (with area code)		
Mailing Address	City	State	Zip Code

Governing Member (Last, First, Middle Initial) or Entity Name		Date of Birth	
Social Security Number or UBI	Phone Number (with area code)		
Mailing Address	City	State	Zip Code

Governing Member (Last, First, Middle Initial) or Entity Name		Date of Birth	
Social Security Number or UBI	Phone Number (with area code)		
Mailing Address	City	State	Zip Code

Governing Member (Last, First, Middle Initial) or Entity Name		Date of Birth	
Social Security Number or UBI	Phone Number (with area code)		
Mailing Address	City	State	Zip Code

Step 6 – Congratulations! You’re almost done! Now make sure business names match exactly on all documents prepared for Steps 2, 3, and 4 and all documents accompanying this application are complete.

With this completed application, I am including:

- ☐
- All documents required in Steps 2, 3, and 4. The business name used on those documents is the same (exactly) as used with agencies in Step 1.
- ☐
- A check or money order totaling **\$548.20** made payable to the Department of Labor & Industries. Mailing address is at the top of the first page.

Signature of sole proprietor, partner, corporate officer, or LLC governing member/manager

I hereby certify that the answers contained, including any accompanying information, have been examined by me and that the matters and things set forth are true, correct, and complete. I acknowledge that the Department may issue penalties for false statements, material misrepresentation, or other violations per RCW 18.106 and 19.28 and WACs 296-4000A and 296-46B.

Print Legal Name of Signer

Signature of Sole Proprietor, Partner, Corporate Officer, or LLC Governing Member/Manager

Date

For L&I Use Only				
Plumbing Spec. Code	Effective Date	Expiration Date	License Number Issued	Processor's Initials
	Designated Plumber Certificate Number		Cross Reference With	Date Processed
Electrical Spec. Code	Effective Date	Expiration Date	License Number Issued	Processor's Initials
	Administrator/Master Certificate Number		Cross Reference With	Date Processed