

Department of Labor and Industries  
 Plumber Certification  
 PO Box 44470  
 Olympia WA 98504-4470  
 Phone: 360-902-5207



# Application for Plumber Trainee Certification

Submit a fee of **\$56.40** (GL Code 2150) with the application. Make checks payable to Department of Labor and Industries.

## Applicant Information

Name (Last, First, Middle)			Social Security No. (required)
Address			Date of Birth
City	State	Zip Code	Phone Number
Email			County

Is this your first application?

Yes  No

Are you in an approved plumber apprenticeship program? If so, attach a copy of your apprenticeship card.

Yes  No

## Experience Requirements

- All experience must have been for a registered contractor and under the supervision of a certified plumber.
- All plumber trainee cards will show the level of supervision that is required.
- Washington hours will not be credited if you did not have a current plumber trainee certificate.

Examination Type	Requirements
Residential Service	Two years or more (at least 4,000 hours) working as a plumber trainee under the supervision of a journey level, residential specialty, or residential service certified plumber. Note: The first year or more (at least 2,000 hours) must be spent working under the direct supervision of a journey level or residential specialty plumber.
Residential Specialty	6,000 hours of experience in residential or commercial plumbing.
Journey Level	8,000 hours of experience. A minimum of 4,000 hours of this time must have been in the commercial plumbing trade.
Domestic Pump	2,000 hours experience in this specialty.
Pump and Irrigation	4,000 hours experience in this specialty.
Domestic Pump or Pump and Irrigation work requires electrical trainee card or electrical certification in that specialty.	Electrical certification required.

## Signature

I hereby certify that the statements on this application are true and accurate.

See RCW 18.106 and WAC 296-400A-130 for penalties for false statements or material misrepresentation.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Department Use Only

Effective Date

Certificate Number

Expiration Date