



# 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.

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