



**Plumbers and Irrigators INSTRUCTIONS -- PLEASE READ CAREFULLY**

**Applications that are incomplete or missing required documents will not be processed and will be returned to the applicant.**

1. One (1) head and shoulders PHOTOGRAPH (Passport type) or legible copy of driver license must be submitted with this application.
2. Submit the last two (2) pages of this packet with the application signed and notarized.
3. APPLICATION FEE OF \$75.00 is required to process your application. This is a NON- REFUNDABLE APPLICATION FEE. Check or money order should be made payable to the RI Department of Labor and Training.
4. Must submit a separate, detailed, NOTARIZED statement, on COMPANY LETTERHEAD, signed by a present or past employer stating all work-related experience. \*\*\* PLEASE DETAIL YOUR WORK EXPERIENCE THOROUGHLY \*\*\*
5. All Plumber Master applications require verification of experience in their respective trade for at least five (5) years and must possess a journeyperson's license. Plumber Journeyperson's License must be valid for at least one (1) year prior to the master's test.

Plumber Journeyperson applications require verification of at least five (5) years experience in their respective trade, and 576 hours of related instruction approved by the Department of Labor and Training.

6. The examination to be administered consists of 50 multiple choice questions based on the Rhode Island Edition of the "BOCA International Plumbing Code 2006" (which includes the blue sheets).

Subject matter covered by the test includes Terminology and Calculations, Materials and Material Standards, Joints and Connections, Traps and Cleanouts, Plumbing Fixtures, Hangers and Supports, Indirect Waste Piping, Water Distribution Systems, Sanitary Drainage Systems, Vents and Venting Systems, Cross Connections, Storm Drains, Related Subjects and Inspecting and Testing.

7. All out of State applicants must provide proof of current licensure from their respective state. Photo copy of trade license is not accepted as proof.
8. All Plumbers and Irrigation apprentices must submit a notarized letter on Company Letterhead with date of hire and job description.
9. All Plumbers and Irrigator apprentices must complete the ratio sheet by Master Plumber/Irrigator and must be signed.



### Non-Refundable Processing Application Fee

	Computer Code	Application Fee	2 Year License Fee*
<b><u>PLUMBERS and IRRIGATORS:</u></b>			
Contractor Master	049	\$ 75	\$ 240
Master Plumber	050	\$ 75	\$ 240
Journeyman Plumber	051	\$ 75	\$ 72
Apprentice Plumber 1Year Fee	052	No Test	\$ 20
Master Irrigator	053	\$ 75	\$ 240
Journeyman Irrigator	054	\$ 75	\$ 72
Apprentice Irrigator 1Year Fee	055	No Test	\$ 20

**Effective January 1, 2017 there are new licenses as part of plumbers. These licenses are being grandfathered until January 1, 2018 without examination:**

Master water-filtration/treatment-system installer	56	\$120 Annual Fee
Journeyman water-filtration/treatment-system installer	57	\$36 Annual Fee

\* Individuals who achieve a passing score of 70 or greater will be invoiced for the License Fee.

For the Apprentice Ratio Form please visit [www.dlt.ri.gov/Profregs/pdfs/ApprenticeRatioSheet.pdf](http://www.dlt.ri.gov/Profregs/pdfs/ApprenticeRatioSheet.pdf)



## **THIS IS AN IMPORTANT NOTICE**

If you do not understand the enclosed notice, please contact this office in the RI Department of Labor and Training, Division of Workforce Regulation and Safety to speak with a Spanish interpreter. Spanish interpreters are available to assist you. If you are attending a hearing, you cannot use your own interpreter. The Division of Workforce Regulation and Safety will provide an interpreter for you. It is important that you call the Division of Workforce Regulation and Safety at (401) 462-8570 or (401) 462-8580, at least seven (7) days prior to your hearing to request an interpreter.

The Division of Workforce Regulation and Safety is responsible to provide interpreter services at no cost to you. You are responsible for requesting these services in accordance with the procedures outlined in this notice.

### **PLEASE NOTE:**

Interpreters are available to assist customers in languages other than Spanish. Please contact the Division of Workforce Regulation at (401) 462-8580 or (401) 462-8570 to request an interpreter or written translation in a language other than Spanish.

## **AVISO IMPORTANTE**

Si usted no entiende esta notificación, por favor contacte a la oficina de RI Departamento de Trabajo y Entrenamiento División de Workforce Regulation y Safety para hablar con un intérprete en Español. Interpretes en Español están disponibles para asistirle. Usted no puede usar su propio intérprete si va a asistir a una audiencia. Workforce Regulation y Safety le proveerá un intérprete a usted. Es importante que usted llame al Workforce Regulation y Safety al (401) 462-8570 o (401) 462-8580 por lo menos (7) días antes de su audiencia para solicitar un intérprete.

La División de Workforce Regulation y Safety es responsable de proveer servicios de interpretación sin costo alguno para usted. Usted es responsable de solicitar estos servicios de acuerdo con el procedimiento escrito en esta notificación.

### **POR FAVOR OBSERVE:**

Interpretes están disponibles para asistir a clientes en idiomas, además del Español. Por favor contacte la División de Workforce Regulation, llamando al (401) 462-8580 o (401) 462-8570, para solicitar un intérprete o para traducción escrita en un idioma, además del Español.



**Plumbers and Irrigators - Application for Examination and Apprentice**

**Application Must be Printed CLEARLY**

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name (Last, First + Middle Initial): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home or Mobile Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Exam Applying For: \_\_\_\_\_ Computer Code: \_\_\_\_\_

Do you need this exam in a language other than English. Yes No If yes, what language? \_\_\_\_\_

CATEGORY – Applicants must state what license is requested

Employer: \_\_\_\_\_

If Self Employed, Company Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Applicant must answer all questions on both pages truthfully and swear to the same before a NOTARY PUBLIC. Penalties for false information are as itemized in the General Laws of Rhode Island and Addendum. Statement may be investigated and verified for truthfulness.

**General Listing of Work History:**

1. Name of Employer: \_\_\_\_\_ Type of Work: \_\_\_\_\_

1. Dates Worked: From: \_\_\_\_\_ To: \_\_\_\_\_

2. Name of Employer: \_\_\_\_\_ Type of Work: \_\_\_\_\_

2. Dates Worked: From: \_\_\_\_\_ To: \_\_\_\_\_

3. Name of Employer: \_\_\_\_\_ Type of Work: \_\_\_\_\_

3. Dates Worked: From: \_\_\_\_\_ To: \_\_\_\_\_

**Education** - List all education and schooling that you have received in the plumbing and irrigating trade.

1. Location: \_\_\_\_\_ Degree/Diploma: \_\_\_\_\_

1. Dates Attended: From : \_\_\_\_\_ To: \_\_\_\_\_

2. Location: \_\_\_\_\_ Degree/Diploma: \_\_\_\_\_

2. Dates Attended: From : \_\_\_\_\_ To: \_\_\_\_\_

3. Location: \_\_\_\_\_ Degree/Diploma: \_\_\_\_\_

3. Dates Attended: From : \_\_\_\_\_ To: \_\_\_\_\_

You must list any VALID LICENSES YOU NOW HOLD with the Department of Labor and Training.

1. Type of License: \_\_\_\_\_ 2. Type of License: \_\_\_\_\_ 3. Type of License: \_\_\_\_\_

Listed employers or customers may be sent forms to attest to the truthfulness of all statements on this application and these will have to be sent back to this division, properly notarized, before any action is taken on this licensing test application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature and Seal: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Submit ONLY this page and the prior page with required documents to:

Rhode Island Department of Labor and Training  
Division of Workforce Regulation and Safety  
Professional Regulation Unit  
1511 Pontiac Avenue, PO Box 20247  
Cranston, RI 02920-0943  
Phone (401) 462-8580 | Fax (401) 462-8528

If you fail to pass your examination, you may request a review of the same, in writing, to the Division of Professional Regulation, within thirty (30) days of failure notice.

Equal Opportunity Employer • Auxiliary Aids and services are available upon request to individuals with disabilities. TTY via RI Relay: 711

FOR OFFICE USE ONLY – PLEASE DO NOT WRITE IN THIS AREA

Test Fee Paid CHECK CREDIT MO \_\_\_\_\_ Division/Commission Approval for Test \_\_\_\_\_

Comments / Date Approved: \_\_\_\_\_

Date Paid: \_\_\_\_\_