

# CERTIFICATE FOR COMPLETION FOR PLUMBING APPRENTICESHIP

Part of State Form 56009 (R5 / 3-23)

This page is to be completed by the manager of the approved apprenticeship program sponsor and submitted by mail, e-mail, or applicant upload to:

Indiana Plumbing Commission  
Professional Licensing Agency  
402 W. Washington St. Room W072  
Indianapolis, Indiana 46204-2724  
E-mail: [pla14@pla.in.gov](mailto:pla14@pla.in.gov)

Name of applicant ( <i>last, first, middle</i> )	Date of birth ( <i>month, day, year</i> )
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## APPROVED APPRENTICESHIP PROGRAM SPONSOR CERTIFICATION OF COMPLETION

I hereby certify that _____ successfully completed <i>Name of apprentice</i> four (4) years of training and successfully passed a practical examination in an approved apprenticeship program, per 860 IAC 1-1-9 and 860 IAC 2-1-7.1.	
Date of enrollment ( <i>month, year</i> )	Signature of manager of approved apprenticeship program sponsor
Date of completion ( <i>month, year</i> )	Date signed ( <i>month, day, year</i> )