

EXPERIENCE IN PLUMBING TRADE

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

Note: This page may be used for Out-of-State and Indiana Licensed Plumber Applicants.

This document is to be completed by the applicant's employer 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@pia.in.gov

Name of applicant (<i>last, first, middle</i>)	Date of birth (<i>month, day, year</i>)
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EMPLOYER AFFIDAVIT OF EXPERIENCE IN PLUMBING TRADE

I hereby certify that _____ successfully worked in the plumbing business as
Name of applicant
defined in commission rule 860 IAC 1-1-10 for the period of _____ to _____.
Date (month, day, year) *Date (month, day, year)*

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>)

NOTARY CERTIFICATE

STATE OF _____
COUNTY OF _____ } ss:

I, _____, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of employer	Signature of Notary Public	
Printed or typed name of employer	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public (<i>month, day, year</i>)	County of residence	Date commission expires (<i>month, day, year</i>)