

PLACE COMPANY LETTERHEAD HERE

APPRENTICE NAME	APPRENTICE REGISTRATION NUMBER

NAME OF EMPLOYER	NAME OF MASTER PLUMBER

BUSINESS ADDRESS	DATES OF APPRENTICE'S EMPLOYMENT			
	START DATE		END DATE	
CITY	STATE	ZIP CODE	HOURS/WEEK	TOTAL HOURS

TYPE OF WORK PERFORMED	PLEASE CHECK ALL THAT APPLY
RESIDENTIAL	
HEAVY CONSTRUCTION	
INDUSTRIAL	
COMMERCIAL	
MAINTENANCE	
REPAIR	

DESCRIPTION OF WORK

I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.

Subscribed and sworn before me, _____ this _____ day of _____, _____, a Notary Public in and for _____ County, Michigan.

Signature of Notary Public _____ My Commission expires: _____

SIGNATURE OF MASTER PLUMBER

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LICENSE NUMBER OF MASTER PLUMBER

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Please mail notarized original to:

Plumbing Industry Training Center
1911 Ring Dr., Troy, MI 48083