STATEMENT OF EXPERIENCE FORM

EMPLOYEE STATEMENT

This section must be filled out by the Apprentice Plumber

Erasures, Mark Overs or White Outs will not be accepted

Name of Apprentice Plumber: _____ (First) _____ (MI) _____ (Last)

Address; _____ (Number) _____ (Street) _____ (City or Town) _____ (Zip Code)

_____ (Apprentice License Number) _____ (Date of Issue:)

EMPLOYERS STATEMENT

This section must be filled out by the employing Master Plumber

This is to certify that:_____ was directly employed by me on my payroll as a properly licensed Apprentice while performing properly supervised plumbing from:

_____ (Month) _____ (Day) _____ (Year) to _____ (Month) _____ (Day) _____ (Year)

Total hours the licensed Apprentice was directly employed by me performing supervised plumbing: _____
Note: Vocational school Co-op employment hours may not be included.

Name of Master Plumber: _____ (First) _____ (MI) _____ (Last)

Address: _____ (Number) _____ (Street) _____ (City/Town) _____ (Zip Code)

_____ (Master License Number) _____ (Original Date of Issue)

Phone Number: _____ email: _____

Business Name (if applicable): _____

_____ (Business Licence Number) _____ (Original Date of Issue)

Can you produce Social Security Records for this person? Yes ☐ No ☐

As the employer I hereby certify that the above statements are true and are made subject to the penalties of perjury. In addition, I certify that for the entire time listed above, the applicant worked for me as an apprentice plumber and not as an independent contractor or a subcontractor performing non-plumbing work.

Signature of Employing Master Plumber: _____

FORM MUST BE ORIGINAL – PHOTO-COPY OF THESE SHEETS ARE UNACCEPTABLE

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