

EXPERIENCE VERIFICATION - PLUMBER ONLY

Access this form via website at : hawaii.gov/dcca/pvl

PART I. TO BE COMPLETED BY APPLICANT

Fill in your NAME and ADDRESS only. Your supervisor/employer must complete the other sections and have the form notarized. After it is completed, ATTACH it to your application form.

NAME OF APPLICANT (First, Middle)	(Last)
Mailing Address of Applicant	Date

PART II. TO BE COMPLETED BY LICENSED PLUMBER SUPERVISOR OR CONTRACTOR EMPLOYER OF APPLICANT OR APPLICANT IF SELF-EMPLOYED

Your assistance as a licensed plumber is necessary to provide valid and accurate verification of experience. Acceptable verification is from a licensed plumber working with and/or responsible for the applicant. NOTE: If self-employed, please provide verification of a valid contractor's or other appropriate license that allowed you to contract to perform plumbing work. **NOTE:** If the state in which you supervised the applicant does not require licensure as a journey worker, supervising, or master plumber and only requires a Contractor's license, you may complete the form and attach proof of a valid contractor's or other appropriate license that allowed you to perform plumbing work. **Please sign before a Notary Public.** Please return this completed "Experience Verification" form to the **APPLICANT** who must attach it to the application form.

Please indicate your license before verifying the applicant's experience:

Name and Address of Supervisor	Employer's Name and Address
Title: _____	Type of Business: _____
Years of Experience: _____	License No.: _____
Plumbers Lic. No.: (Required) _____	
Years Licensed: _____	

Applicant's Employment Information:

Employment Date	Termination Date	Total Length of Employment	Average Hours Per Week
		yrs. mos.	

EXPERIENCE:

1. Is applicant's work performed in compliance with the Uniform Plumbing Code? Yes No

2. Describe work performed in **detail**.

(CONTINUED ON PAGE 2 - NOTARIZED SIGNATURE REQUIRED)

PART II. TO BE COMPLETED BY SUPERVISOR/EMPLOYER OF APPLICANT OR APPLICANT IF SELF-EMPLOYED (Continued)

Beside describing the applicant's experience, please indicate the total hours for each work process/task as listed below:

PLUMBER

<u>Specific Work Process/Task</u>	<u>Total Hours Per Task</u>
Installation (Piping for soil, waste vents and drainage; and potable water systems).....	_____
Finish work (Assembly in position and connection of fixtures and appliances used in the plumbing and drainage systems).....	_____
Maintenance and repair (Maintenance and repair of plumbing installations, operations and maintenance of complete repair service).....	_____
Pipe fitting (General pipe fitting, sprinkler fitting, pipe welding and pipe work for temperature conditioning).....	_____
General (Installation of pipe sleeves and inserts for hangers, storage of pipes, fixtures and other materials of the trade and work customarily performed by journey workers of the trade but which cannot be identified with any of the processes listed above).....	_____
TOTAL HOURS OF EXPERIENCE.....	_____

AFFIDAVIT:

I swear that the information provided is true and correct. I understand that any misrepresentation is grounds for refusal to grant or possible disciplinary action against the licensee.

Signature of Supervisor, Employer, or Applicant if Self-Employed in front of Notary Public

Date

Subscribed and sworn to before me this _____ day of _____ A.D. 20 ____ .

Notary Public, State of Hawaii

My commission expires: _____

Print Name: _____

Doc. Date: _____ No. of Pages: _____

Notary Name: _____ Circuit Court: _____

Doc. Description _____

Notary Signature: _____

Date: _____