

EXPERIENCE VERIFICATION - PLUMBER ONLY

Access this form via website at : cca.hawaii.gov/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 verification of licensure that shall include the effective date of the 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)

In addition to describing the applicant's work experience in detail, 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 of drainage/waste/vent: Piping and appurtenances for soil, waste vents and drainage systems	_____
	Minimum of 2000 hours	
	Installation of potable and non-potable water: Piping and appurtenances for potable and non-potable water systems	_____
	Minimum of 2000 hours, of which 1,000 hours shall be with potable water systems.	
	Finish work: Assembly in position and connection of fixtures and appliances used in the plumbing system, including all water and drainage connections.	_____
	Minimum of 1000 hours	
	Pipe fitting: General pipe fitting, fire sprinkler fitting, pipe welding, medical gas piping, and pipe work for temperature conditioning.	_____
	Minimum of 500 hours	
	Gas and fuel systems: Piping and appurtenances for natural gas, propane, and fuel piping systems . . .	_____
	Minimum of 500 hours	
	General: Installation of pipe sleeves and inserts for hangers, firestopping, 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.	_____
	Minimum of 500 hours	
	Blueprint reading and layout: Blueprint reading and layout of plumbing systems	_____
	Minimum of 500 hours	
	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

<p><i>Subscribed and sworn to before me this</i></p> <p>_____ day of _____ A.D. 20 ____ .</p> <p style="text-align: center;">_____ <i>Notary Public, State of Hawaii</i></p> <p><i>My commission expires:</i> _____</p> <p><i>Print Name:</i> _____</p>

<p><i>Doc. Date:</i> _____ <i>No. of Pages:</i> _____</p> <p><i>Notary Name:</i> _____ <i>Circuit Court:</i> _____</p> <p><i>Doc. Description</i> _____</p> <p>_____</p> <p><i>Notary Signature:</i> _____</p> <p><i>Date:</i> _____</p>
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