

TO MASTER PLUMBER:

This is a legal document. **YOU, THE LICENSED MASTER PLUMBER, MUST HAVE THIS FORM COMPLETED AND NOTARIZED, NOT THE APPLICANT.** Any misstatement of facts contained in this affidavit is subject to the suspension and/or revocation of the license of the applicant and the master plumber.

IN ADDITION, YOU MAY BE SUBJECT TO LEGAL PENALTIES AS PROVIDED BY LAW FOR FALSE SWEARING.

NO WHITEOUT OR CORRECTIONS ALLOWED ON THIS FORM. IF CORRECTIONS ARE MADE, IT WILL BE RETURNED TO APPRENTICE/JOURNEYMAN UNAPPROVED.

This is to certify that _____
Name

has worked under my direction as a Registered Apprentice Journeyman for:

Name of Company

City & State

Street Address
From _____ / _____ / _____ To _____ / _____ / _____
Month Date Year Month Date Year
If currently employed write "Present"

Amount of overtime from date as apprentice by applicant during this period was _____ hours

THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Please indicate if Applicant worked:

- Full Time - 40 Hours Per Week
- Part Time - Less Than 40 Hours Per Week
- If Part Time List Total Hours _____

Print Name of Registered Master Plumber

Signature of Registered Master Plumber

License Number

Street Address

City, State, Zip Code

Subscribed and Sworn (affirmed) to before me:

this _____ day of _____, 20____

Telephone Number

Date

(Notary Public or Justice of the Peace)

My Commission Expires: _____

Return to:
Allegheny County Health Department
Drew Grese, Program Manager
Plumbing Office, Clack Health Center
3901 Penn Avenue, Building #5
Pittsburgh, Pennsylvania 15224-1318

THIS FORM MUST BE RECEIVED IN OUR OFFICE BY:
March 8, 2024
THIS FORM WILL NOT BE ACCEPTED UNLESS IT IS NOTARIZED