

**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:**  
**November 13, 2024**  
***THIS FORM WILL NOT BE ACCEPTED UNLESS IT IS NOTARIZED***