



# STATE PLUMBING BOARD OF LOUISIANA

ADMINISTRATIVE OFFICE: 12497 AIRLINE HIGHWAY, BATON ROUGE, LOUISIANA 70817

PHONE: (225) 756-3434 FAX: (225) 756-3433

## AFFIDAVIT OF PLUMBING EXPERIENCE

STATE OF LOUISIANA PARISH OF \_\_\_\_\_

Personally came and appeared before me the undersigned Notary \_\_\_\_\_,

**PRINT OR TYPE NAME OF APPLICANT**

who after being duly sworn did depose and state as follows:

- 1.) The undersigned applicant for examination as a journeyman plumber by the Louisiana State Plumbing Board submits this affidavit pursuant to the provisions of LA. R.S. 37:1366 (C) for the purpose of certifying his work experience in the field of plumbing.
- 2.) The undersigned applicant is aware of the provisions of the law, particularly LA. R.S. 37:1378 (A) (2), which states that the Plumbing Board may revoke, suspend, or refuse to renew a journeyman plumber or master plumber license or both, of any person who falsifies any material portion of that person's application for a license to the Board.
- 3.) Undersigned applicant certifies that he/she is unable to obtain references from three journeyman or master plumbers licensed by the Board stating the periods that the applicant has worked in installing, repairing or maintaining plumbing systems.
- 4.) Undersigned applicant hereby states that he/she was employed by the following employers in the periods so stated, performing plumbing work as described (start with last or current employer):

### CURRENT EMPLOYER:

COMPANY NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

**STREET**

**CITY**

**STATE**

**ZIP CODE**

EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

**MONTH**

**YEAR**

**MONTH**

**YEAR**

DESCRIPTION OF PLUMBING WORK: \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

### PREVIOUS EMPLOYER:

COMPANY NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

**STREET**

**CITY**

**STATE**

**ZIP CODE**

EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

**MONTH**

**YEAR**

**MONTH**

**YEAR**

DESCRIPTION OF PLUMBING WORK: \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

**ALSO COMPLETE REVERSE SIDE AND HAVE NOTARIZED**

**PREVIOUS EMPLOYER:**

COMPANY NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_  
                                    **STREET**                                    **CITY**                                    **STATE**                                    **ZIP CODE**

EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_  
                                    **MONTH**                    **YEAR**                                    **MONTH**                    **YEAR**

DESCRIPTION OF PLUMBING WORK: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR \_\_\_\_\_

**PREVIOUS EMPLOYER:**

COMPANY NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_  
                                    **STREET**                                    **CITY**                                    **STATE**                                    **ZIP CODE**

EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_  
                                    **MONTH**                    **YEAR**                                    **MONTH**                    **YEAR**

DESCRIPTION OF PLUMBING WORK \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR \_\_\_\_\_

5.) Undersigned applicant also received training in the art of plumbing by completing the following courses of instruction (describe nature of courses, dates, locations):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.) Undersigned applicant states that his plumbing experience is further demonstrated by the following (describe other plumbing activities):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

**APPLICANT'S NAME**

SWORN TO AND SUBSCRIBED BEFORE THE UNDERSIGNED NOTARY PUBLIC,

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

**NOTARY  
SEAL**

\_\_\_\_\_  
**NOTARY PUBLIC SIGNATURE**