Division of Professional Licensing
UTAH DEPARTMENT OF COMMERCE

☐ **Journeyman Plumber (JP)** ☐ **Residential Journeyman Plumber (RJP)**

☐ **Master Plumber (MP)** ☐ **Residential Master Plumber (RMP)**

APPLICANT INFORMATION

Full Legal Name: _____ _____ _____
First *Middle* *Last*

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN:* _____ Date of Birth: _____ Gender: ☐ Male ☐ Female
** If you don't have a social security number, please follow the instructions on the last page.*

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____
Note: All Division notices and communication will be sent to this email.

Please select one:

- ☐ I am a United States citizen or a non-citizen of the United States who is lawfully present.
- ☐ I am a foreign national not physically present in the United States.
- ☐ None of the above, please explain: _____

Driver License or State ID Card: _____ _____ _____
State of Issue *License Number* *Expiration Date*

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

AFFIDAVIT AND RELEASE

I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, and discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.

I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Department of Commerce, State of Utah, any files, records, or information of any type reasonably required for the Department to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

I understand that I am responsible to update the Department of any changes relating to my application/license/certification/registration.

I understand that if the application is not complete at the time of submission, it will delay approval and could result in a denial.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Applicant: _____ Date: _____

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UTAH DEPARTMENT OF COMMERCE

PRIVACY NOTICE

The information you provide on this form will be used to determine your eligibility for a license, registration, or certification in Utah. Failure to provide complete information as requested will result in the denial of your request as incomplete.

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit https://dopl.utah.gov/records.

To comply with legal and regulatory requirements, we may share limited information about your license, registration, or certification with authorized parties. This may include government agencies, national databases, and contracted vendors. Shared information may include issue date, status, expiration date, disciplinary actions, and your name or other direct identifiers.

We may also share aggregated and de-identified data (e.g., education levels, exam pass rates, length of licensure, etc.) with relevant stakeholders for data analysis and reporting purposes.

ACKNOWLEDGEMENT:

Your signature acknowledges receipt of this information.

Authorized Signature: _____ Date: _____

Division of Professional Licensing
UTAH DEPARTMENT OF COMMERCE

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

1. ☐ Yes ☐ No	Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
2. ☐ Yes ☐ No	Do you CURRENTLY have **any criminal action active or pending**?
3. ☐ Yes ☐ No	WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **misdemeanor** in any jurisdiction?
4. ☐ Yes ☐ No	Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a felony in any jurisdiction?

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- **personal account of the incident**
- **police report(s)**
- **court record(s)**
- **probation/parole officer report(s)**

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

Please **DISCLOSE** the following:

- charges that were later held in abeyance (plea in abeyance), diverted, reduced, or dismissed.
- motor vehicle offenses such as driving while impaired or intoxicated.
- if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).

You do **NOT** need to disclose:

- minor traffic offenses such as parking or speeding violations.
- juvenile offenses, unless you were tried as an adult.
- legally expunged or sealed criminal history incidents.

For more information, see DOPL's criminal history FAQs.

PROFESSIONAL LICENSES

Do you currently hold, or have you ever held, a license, certification, or registration to practice any occupation or profession in Utah or any other jurisdiction? . *(Use additional sheets if necessary.)*

Profession:_____ **License Number:** _____

Issuing State:_____ **License Status:** _____ **Issue Date:** _____

Profession:_____ **License Number:** _____

Issuing State:_____ **License Status:** _____ **Issue Date:** _____

If you identified any plumber license above, please answer the following:

☐ Yes ☐ No After obtaining the license(s) above, have you engaged in at least one year of experience in the jurisdiction where the license was issued?

NOTE: If you answer yes to the question above, please see the checklist at the end of this application or our website for instructions on applying by endorsement.

Division of Professional Licensing
UTAH DEPARTMENT OF COMMERCE

Verification of Plumbing Experience

All **Journeyman** and **Residential Journeyman** level applicants must complete this form.

Note: *If your hours were obtained in another state, in addition to this form, you must provide official verification of your license from that state.*

APPLICANT INFORMATION *(to be completed by the applicant)*

Full Legal Name: _____ _____ _____
First *Middle* *Last*

Address: _____ City: _____ State: _____ Zip: _____

License Number: _____ State of Issue: _____

EMPLOYMENT INFORMATION: *(to be completed by the employer)*

Name of Supervisor: _____ Supervisor License Number: _____

Name of Contractor: _____ Contractor License Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____

Is the applicant still employed? ☐ Yes ☐ No

If no, is the applicant re-hirable? ☐ Yes ☐ No

Dates of Employment:

Apprenticeship: _____ to _____ Total hours: _____

Journeyman: _____ to _____ Total hours: _____

Residential Journeyman: _____ to _____ Total hours: _____

Note: ***Each year of work experience must include at least 2,000 hours; no more than 3,000 hours of work experience can be credited for each 12-month period.***

ATTESTATION:

I declare under criminal penalty under the law of Utah that the information provided above is true and correct is true and correct.

Authorized Signature: _____ Date: _____

Printed Name: _____ Position/Title: _____

Division of Professional Licensing
UTAH DEPARTMENT OF COMMERCE

Verification of Supervisory Plumbing Experience for Master Level Applicants

Master Plumber and **Residential Master Plumber** applicants must complete this form.

Note: *If your hours were obtained in another state, in addition to this form, you must provide official verification of your license from that state.*

APPLICANT INFORMATION *(to be completed by the applicant)*

Full Legal Name: _____ _____ _____
First *Middle* *Last*

Address: _____ City: _____ State: _____ Zip: _____

License Number: _____ State of Issue: _____

EMPLOYMENT INFORMATION: *(to be completed by the employer)*

Name of Supervisor: _____ Supervisor License: _____

Name of Contractor: _____ Contractor License: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____

Is the applicant still employed? ☐ Yes ☐ No

If no, is the applicant re-hirable? ☐ Yes ☐ No

Dates of Employment:

Journeyman: _____ to _____ Total hours: _____

Residential Journeyman: _____ to _____ Total hours: _____

Note: Each year of work experience must include at least 2,000 hours; no more than 3,000 hours of work experience can be credited for each 12-month period.

ATTESTATION:

I declare under criminal penalty under the law of Utah that the information provided above is true and correct is true and correct.

Authorized Signature: _____ Date: _____

Printed Name: _____ Position/Title: _____

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience; you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information, which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

If you do not have a valid Social Security number, you must submit your Individual Taxpayer Identification Number (ITIN), Alien Registration Number (A-number), or a copy of an unexpired government issued passport from your country of residence and an intent-to-hire letter from a Utah based employer (Utah Admin. Code R156-1-301). Submission of the above documents may require additional documents to demonstrate lawful presence (Utah Code § 63G-12-402 (3)(k)).

ALL APPLICANTS

The following items are required to complete your application:

- ☐ $116.00 non-refundable application-processing fee, made payable to "DOPL".
- ☐ Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire".

INITIAL APPLICATION

In addition to the items required for all applicants, you must submit the following items:

- ☐ Pass both the Utah Plumbers Written and Practical Examination for the level of licensure you are applying. DOPL's testing provider will electronically send the results of your examination directly to DOPL. Applicants must register directly with the Division's exam provider to sit for the examination. Submit the exam fees directly to the testing agency.
- ☐ Documentation for the specific classification you are applying for outlined below. (Note: If hours were obtained outside of Utah, official verification from the jurisdiction where the hours were obtained must be included in your application.)

Journeyman Plumber (JP):

- ☐ Official transcripts showing completion of an approved apprenticeship program and "Verification of Plumbing Experience" form documenting at least 8,000 hours of required training as an apprentice.

OR

- ☐ "Verification of Plumbing Experience" form documenting at least 16,000 hours of required training as an apprentice.

Residential Journeyman Plumber (RJP):

- ☐ Official transcripts showing completion of a minimum of 432 hours of an approved apprenticeship program and "Verification of Plumbing Experience" form documenting at least 6,000 hours of required training as an apprentice.

OR

- ☐ "Verification of Plumbing Experience" form documenting at least 12,000 hours of required training as an apprentice in not less than 6 years.

Master Plumber (MP) & Residential Master Plumber (RMP):

- ☐ Obtain passing examination score, of 75% or greater, on the Utah Master Plumber Law and Rule Examination.
- ☐ "Verification of Supervisory Plumbing Experience for Master Level Applicants" form.
- ☐ 2,000 hours may be verified on transcripts documenting an associate of applied science or equivalent from an accredited program.

ENDORSEMENT APPLICATION

In addition to the items required for all applicants, you must submit the following items:

- ☐ Official verification, showing active licensure in good standing for at least one year, from a jurisdiction designated by the Division as equivalent to Utah. Please see our website for additional information regarding approved jurisdictions.

  Note: If your jurisdiction is not deemed equivalent for purposes of endorsement, you may be able to use experience gained outside of the state to document the requirements for Initial Licensure above.

  - Master Plumber applicants must pass, at 75% or greater, the Utah Master Plumber Law and Rule Examination.

Submit completed application to the Division:

By US Postal Service:

Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741

By in-person or express delivery:

Division of Professional Licensing
Heber M Wells Building, 1st Floor
160 E 300 S
Salt Lake City, UT 84114

If you have questions, please contact the Division at 801-530-6628 or by email at B5@Utah.gov.