



**APPLICATION FOR MASTER OR JOURNEYMAN PLUMBER LICENSE**  
 NORTH DAKOTA STATE PLUMBING BOARD  
 SFN 59613 (12-2024)

DATE RECEIVED BY THE BOARD
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- Read the instructions on the back page before completing this application.
- A non-refundable application/exam fee must accompany this application.
- The license fee is due upon passing examination.

<b>DESIGNATE TYPE OF LICENSE:</b>		<input type="checkbox"/> Examination
<input type="checkbox"/> Master - \$250.00 (Application/Exam Fee - \$50.00 & License Fee - \$200.00)		<input type="checkbox"/> Reciprocal: <input type="checkbox"/> MN <input type="checkbox"/> MT <input type="checkbox"/> SD
<input type="checkbox"/> Journeyman - \$150.00 (Application/Exam Fee - \$50.00 & License Fee - \$100.00)		

**Type or Print Legibly**

Name		Social Security Number		Date of Birth	
Mailing Address			City		State    ZIP Code
Phone Number		Email Address			
Are you a resident of North Dakota? <input type="checkbox"/> No <input type="checkbox"/> Yes - How many years?					
Education <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16					
Are you a graduate of a Plumbing Trade School? <input type="checkbox"/> No <input type="checkbox"/> Yes - Name and Address of Trade School:					
Have you ever carried a plumbing license? <input type="checkbox"/> No <input type="checkbox"/> Yes - Where?					
Was the license obtained by examination? <input type="checkbox"/> No <input type="checkbox"/> Yes - Date received:					
Type or Level of License			Number of Years License Held		
Have you previously filed an application with this state for a plumbing license? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Have you previously taken an exam for a plumbing license by this Board? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Have you ever been arrested, charged or convicted of a felony or had a felony dismissed, discharged, reduced, pardoned or expunged in this state or any other jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Have you ever been denied application or licensure as a plumber or been disciplined and/or had your license revoked with regard to the practice of plumbing in violation of this states law or any other jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Are you a member of the military? <input type="checkbox"/> No <input type="checkbox"/> Yes - Submit with this application a copy of military orders and current military ID.					
Are you a plumbing licensee in another state who is a spouse of a member of the armed forces of the United States or a reserve component of the United States stationed in North Dakota in accordance with military orders or stationed in North Dakota before a temporary assignment to duties outside of this state? <input type="checkbox"/> No <input type="checkbox"/> Yes - Submit with this application a copy of military orders and current military ID for the military member.					

I have read the instructions on the back page and authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for in this application may be cause for cancellation of the application and/or suspension of license should it have been issued before the facts were made known. In accordance with this application, I also hereby authorize the North Dakota State Plumbing Board to release my social security number for purposes of verifying my employment or for reciprocal license verifications. Failure to provide the social security number will cause this application to not be processed.

Signature	Date
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**EMPLOYMENT RECORD**

**The Board will verify all employment data with present and former employers.**

Name of Present Employer	Phone Number	Date Started	
Address	City	State	ZIP Code
Nature of Work			
Name of Previous Employer	Phone Number	Date Started	
Address	City	State	ZIP Code
Reason for Leaving			
Nature of Work			

**APPLICANT**

Comments
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**INSTRUCTIONS FOR COMPLETING THE APPLICATION**

1. All applicants must meet the requirements of the North Dakota Administrative Code Chapter 62-02-01-01.
2. Applicants applying for a journeyman license must have four (4) years and 7600 hours of experience as an Apprentice Plumber working for a licensed Master Plumber.
3. Applicants applying for a master license must be at least twenty-one (21) years of age and have had two (2) years and 3400 hours of experience as a licensed Journeyman Plumber.
4. Applicants who are licensed in other states must verify proof of such license by a letter from the issuing licensing board/ agency. The letter must state: the type of license held, the date license was issued; whether or not the license was obtained by examination; the requirements of obtaining licensure; and the expiration date of the license held. A copy of the license is insufficient.
5. Applicants who are not licensed in other states must accompany this application with written statements that are signed by the Master/Supervising Plumber. The statements must be notarized and include: dates of employment; number of hours worked during employment; and the extent of work performed during employment.
6. Reciprocal applicants (Minnesota, Montana and South Dakota only) accompany this application with a Certificate of Endorsement from the state in which you are licensed. Disregard instructions #4 and #5 and include only the present employer on the Employment Record.

**SPACE BELOW RESERVED FOR BOARD USE**

Approved for	<input type="checkbox"/> Examination	<input type="checkbox"/> License by Reciprocity	<input type="checkbox"/> NDCC 43-51
Examination Date	License Number		
Approved By			Date
Comments			