

City of Jefferson Department of Planning & Protective Services 320 E. McCarty Street Jefferson City, MO 65101 Phone: 573-634-6451

jcbuilding@jeffersoncitymo.gov www.jeffersoncitymo.gov

## **2024 Plumbing License Application**

Name:			Date:	
Address:			Phone:	
			SSN (or last 4 digits)	
City	State	Zip		
Employer:		E-mail:		
Have you ever appea	ared before the Plumb	bing Board of Review &	& Examiners of the City of Jefferson for any cause?	
☐ Yes ☐ No If	so, please provide dat	te and reason:		
APPLICA	ATION IS HEREBY MA	ADE FOR THE FOLLO	WING PLUMBING LICENSE:	
Requirements: An a Jefferson a minimu or master plumber the Board by subm of obtainable indiv Feb 2000 = 100 hou Once hours are app	applicant for a Journeyn Im of four (4) years and during these four (4) ye itting proof of 8000 hrs. iduals supplying the lett urs; March 2000 = 100 h	shall have worked under ears or show proof of fou . working time as a pluml ter.Documented hours m nours etc.Failure to suppl a minimum of 75% on the	son)  sust have been licensed as an apprentice with the City of the direct supervision of a licensed journeyman or (4) years plumbing experience acceptable to ber on company letterhead with phone numbers must show as followed:Example: Jan 2000 =100 hours, by this information will result in Plumbing Board dismissal. The 2018 Journeyman Plumber with Gas, W-28, National	
Requirements: An minimum of two (: Applicant will not submitted on com must show as folloare approved, you	2) years or provide proo be considered by the Plu pany letterhead with ph owed: Example: Jan 2000	umbing License shall have of of licensed journeymar umbing Board until 12,00 none numbers of obtaina 0 =100 hours, Feb 2000 = m of 75% on the 2018 Ma	e been licensed as a journeyman with the City of Jefferson an or master experience acceptable to the Board. On hrs. proven time in trade as plumber is able individuals supplying the letter. Documented hours = 100 hours; March 2000 = 100 hours etc. Once hours easter Plumber with Gas, W-27, National Standard test. To set	
if issued.	y kind on this applicatio		plication or result in the revocation of applicant's certificate,	
Signature			Date	

## THIS SPACE FOR OFFICIAL USE

The Board has determined that this application be:   Approved  Denied on this date:
Congratulations your application for Plumbing License has been approved:
$\square$ approved without comments.
$\square$ approved with the following comments,
This application has been denied for the following reason:
$\square$ lack of verifiable documentation showing time employed in the craft of plumbing.
$\square$ failed to make a passing score on the plumbing exam,
☐ Other
Remarks: