

STATE OF MAINE

**PLUMBERS' EXAMINING BOARD**

35 STATE HOUSE STATION  
AUGUSTA, ME 04333-0035  
TELEPHONE: (207) 624-8627  
FAX: (207) 624-8636

**AFFIDAVIT**

**LICENSED JOURNEYMAN-IN-TRAINING APPLYING FOR JOURNEYMAN LICENSE**

Name of applicant:		
Contact Address:		
City:	State:	Zip Code:

The above-mentioned applicant listed above has worked for me as a licensed Journeyman-in-Training Plumber.

From: \_\_\_\_\_ To: \_\_\_\_\_  
Day Month Year Day Month Year

And has accumulated \_\_\_\_\_ licensed work hours.

\_\_\_\_\_  
Signature of Licensed Master Plumber

\_\_\_\_\_  
Date

\_\_\_\_\_  
Licensed Master Plumber Name Printed

Master Plumber License Number: \_\_\_\_\_

**FALSIFICATION OF THIS AFFIDAVIT COULD RESULT IN INVESTIGATION OF THE UNDERSIGNED'S MASTER PLUMBER'S LICENSE.**