Colorado Division of Professions and Occupations
Office of Licensing—Plumbing
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800 / Fax: (303) 894-7693
www.dora.colorado.gov/professions

APPLICATION FOR LICENSE BY ENDORSEMENT—PLUMBER

APPLICANT INSTRUCTIONS

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as a Plumber in this state without a Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Basic Requirements for Licensure by Endorsement. Licensees from another state may be eligible for licensure by endorsement provided that the applicant possesses credentials and qualifications that are substantially equivalent to requirements in Colorado for original licensure by examination. If you do not qualify for Endorsement, you must use the Original License by Examination application, available online at www.dora.colorado.gov/professions/plumbing.

License by Endorsement. If you answer "no" to any of the following questions, you do not qualify for license by endorsement and must take the examination in Colorado:

- Is the license from the state in which you took the exam a state-issued license?
- Have you taken an exam based on the current edition of the International Plumbing Code (IPC) in effect in Colorado at the time of your application?
- Is the license current in the state where you took the examination?

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

- If you submitted an application within the last year and were notified that you did not meet the requirements and you are submitting an update, you do not need to complete a new application or submit additional fees.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that one be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Online Services at www.dora.colorado.gov/professions/onlineservices.

APPLICANT INSTRUCTIONS (Continued)

Checking Your Application Status. Visit Online Services at www.dora.colorado.gov/professions/onlineservices to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

License Expiration Grace Period for New Applicants. All new applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between May 1, 2013 and August 31, 2013 will reflect a license expiration date of August 31, 2015. Licenses issued prior to May 1, 2013 will reflect an expiration date of August 31, 2013 and must renew in the upcoming renewal period.

- All Plumbing licenses expire on August 31 in odd numbered years and must be renewed to continue practicing.

APPLICANT CHECKLIST

To apply for a Colorado **Master Plumber, Journeyman Plumber,** or **Residential Plumber** license by endorsement:

☐ **Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.

☐ **Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and **made payable to *State of Colorado*.** All fees are **non-refundable** and subject to change every July 1.

☐ **Complete and return the attached Affidavit of Eligibility form.** Pursuant to C.R.S .24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.

☐ **Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).

☐ **Provide a photocopy of your active state-issued license** (not city or county), held for a minimum of six months. Note: if you meet the qualifications for Colorado license by endorsement in multiple states, you only need to submit information from one state.

☐ **Request verification of examination and licensure requirements from that state.** Send the attached License Verification Request to the state in which you are licensed. Have the state complete and return the Verification form to you. Include the completed Verification form with **original signature and state seal or stamp** in your application package.

☐ **Document your experience and work history.**

- Letters of Verification: The applicant must provide proof of plumbing installation experience by submitting letters from current and/or former employers (**master plumbers**). Letters must be on company letterhead and signed by the master plumber. The letters must include the exact dates of employment, a breakdown of the time (hours/months/percentage) spent in commercial, residential, maintenance, and a specific job description of hands on plumbing installation experience (new construction, remodel, DWV, top out, gas piping, rough-in, underground, finish) to evaluate your qualifications. You must submit **original** letters. Fax or photocopies of verification letters are not accepted. Keep a file of your submitted verification letters.

- Out-of-State Verification: Follow the same procedure as above. Applicants shall not verify their own experience (even if currently licensed in another state). Letters provided must be from the master plumber (or equivalent) with whom you have worked and who can evaluate your experience. In addition, you must submit a photocopy of your out-of-state license(s). However, licenses do not substitute for letters of verification.

Return your completed application packet and all supporting documentation to:

Division of Professions and Occupations
Office of Licensing—Plumbing
1560 Broadway, Suite 1350
Denver, CO 80202

Dora
Department of Regulatory Agencies

IMPORTANT NOTICE

TO: All Applicants

FROM: Director of the Division of Professions and Occupations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Professions and Occupations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Professions and Occupations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

1560 Broadway, Suite 1350 Denver, Colorado 80202 Phone 303.894.7800
Fax 303.894.7693 www.dora.colorado.gov/professions V/TDD 711

Consumer Protection

Colorado Department of Regulatory Agencies
Division of Professions and Occupations
1560 Broadway, Suite 1350
Denver, CO 80202

Licensee/Applicant Full Legal Name

Last	First	Middle	Suffix

Colorado Professional or Occupational License/Certification/Registration Number: _____
(if already licensed)

Professional or Occupational License/Certification/Registration type applying for: _____

AFFIDAVIT OF ELIGIBILITY

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

**The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

Section A: LAWFUL PRESENCE in the United States

1. ☐ I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2. ☐ I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3. ☐ I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
   a. ☐ I am a U.S. citizen, not physically present or employed in the United States.
   b. ☐ I am a Foreign National, not physically present or employed in the United States.

Section B: SECURE AND VERIFIABLE DOCUMENTS
Select ONE document in this section if you checked 1 or 2 in Section A.

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
☐ Driver's license or permit				
☐ Government issued ID card				
☐ Valid U.S. military ID/common access card				
☐ Colorado Department of Corrections inmate ID				
☐ Tribal ID card				
☐ U.S. passport				
☐ Certificate of Naturalization				

Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
☐ Certificate of (U.S.) Citizenship				
☐ Valid Temporary Resident card				
☐ Valid I-94 issued by Canadian government				
☐ Valid I-94 with refugee/asylum stamp				

☐ Valid I-766 (Employment Authorization Card) — **Issuing federal agency:**

Name on card	Alien Number (A#)	Card Number	Valid from (mm/dd/yyyy)	Expires (mm/dd/yyyy)

☐ Valid I-551 (Resident Alien or Permanent Resident Card) — **Issuing federal agency:**

Name on card	Alien Number (A#)	Country of birth	Card expires (mm/dd/yyyy)	Resident since (mm/dd/yyyy)

☐ Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94

Issuing foreign country	Passport Number	Visa Number	Visa Class (ex.: J-1, P-1, H-1B, etc.)	Date of entry (mm/dd/yyyy)	Until date (mm/dd/yyyy)

☐ Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa

Issuing foreign country: **Passport Number:**

Section C: ATTESTATION

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

_____
Print Full Legal Name

_____ _____
Signature (Full Name) Date

Division of Professions and Occupations
Office of Licensing—Plumbing
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www.dora.colorado.gov/professions

Application for License by Endorsement
PLUMBER
RESIDENTIAL PLUMBER: Fee $100
JOURNEYMAN PLUMBER: Fee $120
MASTER PLUMBER: Fee $140

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

I am applying for a license as (check one):

☐ Residential Plumber Fee: $**100**
☐ Journeyman Plumber Fee: $**120**
☐ Master Plumber Fee: $**140**

PART 1—APPLICANT INFORMATION

Name: Last:	First:	Middle:	Suffix:
Previous Name(s):			
Social Security Number: *	**Date of Birth** (mm/dd/yyyy)**:**	**Gender:** ☐ *Male* ☐ *Female*	
Place of Birth (city and state, or foreign country)**:**			
Mailing Address: *This is a* ☐ *Home* ☐ *Business*	PO Box, Street: City, State, Zip:		
Daytime Telephone Number: ( )	**E-mail Address:** *Preferred method for communication:* ☐ *Mail* ☐ *E-mail*		

PART 2—EMPLOYMENT INFORMATION

Are you currently employed? ☐ YES ☐ NO **Employer Name:**	
Employer Address: PO Box, Street: City, State, Zip:	
Employer Telephone Number: ( )	**Hire Date:**

*Social Security Number Disclosure: Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; and locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

OFFICE USE ONLY **LICENSE NUMBER:** _____ **DATE ISSUED:** _____

APPLICANT NAME: _____

PART 3—LICENSE INFORMATION

If you do not hold a Colorado plumbing license and you have worked in Colorado, are you registered as an apprentice with this Board? ☐ YES ☐ NO

If **NO**, provide an explanation:

State of first issue of Plumbing license:

Date examinations taken (mm/yyyy):

List ALL states in which you are or have ever been licensed as a Plumber (if needed, attach an additional sheet in the same format). If not applicable, enter N/A.

Type of license	State	License Number	Year license issued	Disciplinary action against license?	Is this license current/active?
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO

PART 4—FORMAL APPRENTICE TRAINING

If an employer with an approved plumbing apprentice-training program has employed you, list the program and the dates you were enrolled. If completed, attach a copy of your completion certificate. If needed, attach an additional sheet in the same format.

Name of Program / School or Course	Dates (from/to)	Credit Hours	Number Days per Week	Number Hours per Day	Degree Awarded

PART 5—EDUCATION: COLLEGE, UNIVERSITY, VOCATIONAL, OR TRADE SCHOOL

Education will replace actual field experience under a licensed master as follows: one hour for every six hours training or experience up to a maximum of one year. A transcript of classes must be submitted in a sealed envelope from the school. If needed, attach an additional sheet in the same format.

Name of Program / School or Course	Dates (from/to)	Credit Hours	Number Days per Week	Number Hours per Day	Degree Awarded

PART 6—MILITARY TRAINING IN PLUMBING

Show in detail exactly what kind of training, schooling, or work experience you received directly related to plumbing work. Include the length of time spent and any other information that will assist in evaluating the degree of plumbing experience that you have had. This training will replace actual field experience under a licensed master as follows: one hour for every six hours training or experience up to a maximum of one year. A copy of the DD-214 must be submitted. If needed, attach an additional sheet in the same format.

Name of Program / School or Course	Dates (from/to)	Credit Hours	Number Days per Week	Number Hours per Day	Degree Awarded

APPLICANT NAME: _____

PART 7—MILITARY QUESTIONS

1. Are you a Member of the U.S. military? ☐ YES ☐ NO
   - If **YES**, provide information below:

Branch:	Duty Station:

2. Are you the spouse of an active duty military member who has been relocated to Colorado and hold a currently valid and active credential to practice your profession in another state? ☐ YES ☐ NO
   - If **YES**, refer to the *Military Spouse Exemption Form* available on our website at: www.dora.colorado.gov/professions/military.

PART 8—SCREENING QUESTIONS

1. Have you ever been convicted of a felony under the laws of Colorado or any other state? ☐ YES ☐ NO
   - If **YES**, you must complete the *Information Regarding Felony Conviction* form available on the Plumbing Board website at www.dora.colorado.gov/professions/plumbing.
2. Have you ever entered a plea of guilty of a felony or had a plea of nolo contendere accepted by the court in Colorado or any other state? ☐ YES ☐ NO
   - If **YES**, you must complete the *Information Regarding Felony Conviction* form available on the Plumbing Board website at www.dora.colorado.gov/professions/plumbing.
3. Have you ever been denied application or a license as a plumber, or been disciplined and/or revoked with regard to the practice of plumbing, or practiced plumbing in violation of Colorado's law or any other state? ☐ YES ☐ NO
   - If **YES**, provide an explanation, a copy of the disciplinary documents, and documentation regarding the current status of the action with your application.

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Applicant Signature	**Date**

VERIFICATION OF PLUMBER LICENSURE

Applicant: Complete Part 1 and mail this form to the state board verifying your records.

Verifying State Board: Complete Part 2 and mail the completed form directly to Colorado Division of Professions and Occupations, Office of Licensing—Plumbing, 1560 Broadway, Suite 1350, Denver, CO 80202; or fax to (303) 894-7693.

Part 1—To be completed by the APPLICANT

Name: Last	First	Middle	Suffix
Social Security Number:		Date of Birth:	
Mailing Address:	PO Box, Street: City, State, Zip:		
License Type:	☐ Residential Plumber	Number:	
	☐ Journeyman Plumber	Number:	
	☐ Master Plumber	Number:	
Applicant Signature:		Date:	

PART 2—To be completed by the VERIFYING STATE BOARD

From (Verifying State):		Date:	
License Type:	License Number:	Issue Date:	Expiration Date:
☐ Residential Plumber			
☐ Journeyman Plumber			
☐ Master Plumber			
Was the license State-Issued?	YES ☐	NO ☐	
Method of Licensure:			
☐ Examination	Date of Exam:	Score:	
Version of IPC used for exam:	# of Questions:	# of Hours:	
If the license was issued by exam, please provide a breakdown of the percentages of each category covered in the exam:			
☐ Reciprocity/Endorsement	State:		
☐ Other (Please Explain)			
Please provide a listing of the experience requirements and/or completion of a federally approved or registered apprenticeship program for the license:			
Were all experience requirements met?	YES ☐	NO ☐	
Is there any disciplinary action on record: If **YES**, please explain:	YES ☐	NO ☐	
Verified By:			
Title:		Date:	

WORK EXPERIENCE REQUIREMENTS AND DEFINITIONS

Plumbing Experience Requirements:

Residential Plumber – A minimum of two (2) years or 3,400 hours of practical experience
Journeyman Plumber – A minimum of four (4) years or 6,800 hours of practical experience
Master Plumber – A minimum of five (5) years and 9,780 hours of practical experience

Definition of Plumbing according to Colorado Statute 12-58-102(5)(a):

"Plumbing" includes the following items located within the building or extending five feet from the building foundation to the first joint, excluding any service line extending from the first joint to the property line: All potable water supply and distribution pipes and piping, all plumbing fixtures and traps, all drainage and vent pipes, all building drains, including their respective joints and connections, devices, receptacles, and appurtenances, and all medical gas and vacuum systems in health care facilities.

"Plumbing" does not include: The installation, extension, alteration, or maintenance, including the related water piping and the indirect waste piping therefrom, of domestic appliances equipped with backflow preventers, including lawn sprinkling systems, residential ice makers, humidifiers, electrostatic filter washers, water heating appliances, water conditioning appliances not directly connected to the sanitary sewer system, building heating appliances and systems, fire protection systems, air conditioning installations, process and industrial equipment and piping systems, or indirect drainage systems not a part of a sanitary sewer system or the repairs and replacement of garbage disposal units and dishwashers directly connected to the sanitary sewer systems, including the necessary replacement of all tail pipes and traps, or the repair, maintenance, and replacement of sinks, faucets, drains, showers, tubs, and toilets."

Construction Work Experience: Letters of verification must reflect the number of months that you have worked for each employer in each classification that applies to you. One month must equal a minimum of 163 hours of work. The total months submitted for each employer must equal the months required for the level of plumber licensing.

1. **Residential:** Include new construction, remodeling and additions to buildings for residential occupancy. Also include plumbing installation in one, two, three, and four-family dwellings, which do not extend more than two stories above ground.
2. **Commercial:** Include new construction remodeling and additions to stores, office buildings, gas stations, theaters, warehouses, hospitals, and other buildings and facilities of a similar nature.
3. **Industrial:** Include remodeling, additions and new construction of manufacturing plants of all types.
4. **Maintenance:** Credit for experience not subject to supervision of a licensed plumber.

Colorado statute 12-58-107.5 states that: For all applicants seeking work experience, credit toward licensure, the board shall give credit for plumbing work that is not required to be performed by or under the supervision of a licensed plumber if the applicant can show that the particular experience received or the supervision under which the work has been performed is adequate. Work experience credit awarded under this section shall not exceed one-half of the applicable experience requirement for a license issued under this article.

Rule 5.2. Work experience gained in the plumbing maintenance field that is not required to be performed under a permit, inspection or the direct supervision of a licensed plumber may replace actual field experience as follows: one month credit for each two months experience up to a maximum of one-half of the applicable experience requirement for a license issued.