

Date \_\_\_\_\_  
Month/Day/Year



## New Jersey Office of Attorney General

Division of Consumer Affairs  
State Board of Examiners of Master Plumbers  
124 Halsey Street, 6th Floor, P.O. Box 45008  
Newark, New Jersey 07101  
(973) 504-6420

### Work Experience Certification

#### Employer information

\_\_\_\_\_  
Last name First Middle  
\_\_\_\_\_  
Name of company  
\_\_\_\_\_  
Street address City State ZIP code  
\_\_\_\_\_  
Telephone number (include area code)

This Work Experience Certification form properly completed on both sides by you, the employer, will assist the State Board of Examiners of Master Plumbers in determining the qualifications of the applicant for a Master Plumber's license. Your answers will be considered confidential information by the Board.

The Board expects every person signing this Work Experience Certification to understand that he or she is attesting to the applicant's good character, working skills and employment experience. Statements by responsible people with actual knowledge of the applicant's qualifications will be considered by the Board as evidence of the above.

This form should be returned to the State Board of Examiners of Master Plumbers, at the above address, within 15 days, or the Board will request that you appear personally.

#### Statement of Reference

*(This form should not be filled out in the presence of the applicant.)*

#### Applicant information

\_\_\_\_\_  
Last name First Middle  
\_\_\_\_\_  
Street address City State ZIP code  
\_\_\_\_\_  
Telephone number (include area code)

1. How long have you known the applicant? \_\_\_\_\_

2. What is your relationship to the applicant? \_\_\_\_\_

3. How long was the applicant employed by you? Give the exact dates.

From \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

From \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

4. Please indicate (by putting a check in the appropriate box) applicant's plumbing background while employed by you.

Helper: From \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Journeyman: From \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

5. What were the applicant's duties while employed by you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What is your business or profession? \_\_\_\_\_

7. Are you a New Jersey Licensed Master Plumber?  Yes  No

If "Yes," what is your New Jersey Master Plumber's license number? \_\_\_\_\_

Are you licensed in any other state or jurisdiction?  Yes  No

If "Yes," please provide the state or jurisdiction and license number: \_\_\_\_\_  
State or jurisdiction License number

8. Are you a personnel director or the representative of a firm?  Yes  No

If "Yes," please provide the following information:

\_\_\_\_\_  
Last name First Middle  
\_\_\_\_\_  
Street address City State ZIP code  
\_\_\_\_\_  
Telephone number (include area code) Title

9. If you are not a Licensed Master Plumber, give the name, address, telephone number and license number of the Licensed Master Plumber who supervised the applicant.

\_\_\_\_\_  
Last name First Middle  
\_\_\_\_\_  
Street address City State ZIP code  
\_\_\_\_\_  
Telephone number (include area code) Title

I certify that the above information is correct to the best of my knowledge. I understand that if I certify false statements, I am subject to punishment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*If you have any additional information, please provide it.*

*N.J. seal  
press,  
if applicable.*