

ST. LOUIS COUNTY, MISSOURI  
DEPARTMENT OF PUBLIC WORKS  
BOARD OF PLUMBER AND DRAINLAYER EXAMINERS  
41 SOUTH CENTRAL, 6<sup>TH</sup> FLOOR, CLAYTON MO 63105  
(314) 615-3741

APPLICATION FOR REGISTRATION  
EXPERIENCED APPRENTICE PLUMBER

Registration Fee: \$10.00  
(make check payable to: St Louis County Treasurer)

1. Applicant Name \_\_\_\_\_

2. Address \_\_\_\_\_  
(no.) (street) (city & state) (zip)

3. Soc. Sec. # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. Apprentice Plumber Registration # \_\_\_\_\_ Date Issued \_\_\_\_\_

5. QUALIFICATIONS FOR REGISTRATION: (You must provide verification of the following qualifications)

- A minimum of two and one-half (2 ½) years training and experience previous to this application
- A minimum of five hundred (500) hours of approved classroom training
- The completion of the ten (10) hour OSHA approved Safety Training for Construction course

6. This section must be completed by the Master Plumber

I, the Master Plumber accepting responsibility for the above apprentice, certify that he/she is currently in my employ and is capable of performing installations that are in compliance with the St. Louis County Plumbing Code and with the principles and art of the trade category, and who shall continue his training and experience under my direction and supervision until qualified to apply for Journeyman in this trade, or until he/she is no longer under my employ.

- Master Plumber (print name) \_\_\_\_\_
- Signature of Master Plumber \_\_\_\_\_
- Company Name \_\_\_\_\_
- Master Plumber License # \_\_\_\_\_ Expiration Date \_\_\_\_\_
- Date \_\_\_\_\_

I hereby affirm the foregoing facts and information presented to be true and accurate to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Space below is for Board Members only

Remarks:

Approved by:

Board of Examiners Chairman \_\_\_\_\_

Board of Examiners Member \_\_\_\_\_

Board of Examiners Secretary \_\_\_\_\_