

FILING INSTRUCTIONS AND QUALIFICATION REQUIREMENTS

Applications for the Master or Journeyman Plumber Examination are to be received by **November 13, 2024.**

(APPLICATIONS POSTMARKED ON THE DEADLINE DATE BUT RECEIVED AFTER WILL NOT BE ACCEPTED, THEY MUST BE IN OUR POSSESSION BY THE DEADLINE).

Examination will be administered on **December 12th & 13th, 2024** Send completed applications to:

**Allegheny County Health Department
Drew Grese, Plumbing Program Manager
Plumbing Office, Clack Health Center
3901 Penn Avenue, Building #5
Pittsburgh, PA 15224-1318**

Applicants for the **Master Plumber Examination** must meet the following requirement:

..**Two full years of work experience as a licensed Journeyman Plumber.**

Applicant must attach a notarized statement confirming length of employment from each Master Plumber under whom he/she worked while obtaining the two years of experience as a Journeyman Plumber.

Applicants for the **Journeyman Plumber Examination** must meet the following requirements:

..Registration with the Allegheny County Health Department as an apprentice plumber.

..Four full years of work experience as a registered Apprentice Plumber. (Full Time-40 hours per week)
Applicant must attach a notarized statement confirming length of employment from each Master Plumber under whom he/she worked while obtaining four years of experience as a Registered Apprentice Plumber.

..Satisfactory completion of 576 hours of related technical training at an accredited school.

Applicants who received training and/or experience outside Allegheny County and who are licensed as a plumber by other jurisdictions, provided the applicant holds a similar license issued under licensing procedures equivalent to Allegheny County, must complete the appropriate sections of this application and submit it to the **Plumbing Office** at the address above. **Photocopies of current plumbing licenses issued by other jurisdictions must be attached to this application together with the required notarized statement of work experience under a Master Plumber.** A review will be made to determine whether the applicant may be admitted to the examination.

Passing score of 75% is required on the licensing examination. The first portion of the examination will be held from **8:30 A.M. to 11:00 A.M.** The second portion of the examination will be held from **12:00 P.M. to 3:00 P.M.** The use of calculators will be permitted.

Article XV (2009 IPC as amended) will apply. Amendments are available online at achd.net and the Code Books may be purchased at www.iccsafe.org.

EXAMINATION/PROCESSING FEES

Master Plumber - \$265.00

Journeyman Plumber - \$133.00

**NON-REFUNDABLE EXAMINATION/PROCESSING FEE MUST BE SUBMITTED WITH YOUR APPLICATION
CHECKS AND MONEY ORDERS SHOULD BE MADE PAYABLE TO "TREASURER OF ALLEGHENY COUNTY." IF
YOU ARE DETERMINED NON-QUALIFIED TO SIT FOR THE EXAM, YOUR CHECK WILL BE RETURNED TO YOU.
ANY CHECKS RETURNED BY THE BANK FOR INSUFFICIENT FUNDS WILL DISQUALIFY THE
APPLICANT FROM TESTING UNTIL THE OUTSTANDING FEES ARE COLLECTED. THIS WILL ALSO
RESULT IN AN ADDITIONAL \$15.00 FEE BEING ASSESSED.**

LICENSING FEES

All successful applicants must pay an additional licensing fee at the time of issuance of the license.

Master Plumber - \$375.00

Journeyman Plumber - \$125.00

All licenses will be valid for one calendar year.

**ALLEGHENY COUNTY HEALTH DEPARTMENT
APPLICATION FOR EXAMINATION FOR PLUMBING LICENSE**

MASTER PLUMBER EXAMINATION

JOURNEYMAN PLUMBER EXAMINATION

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(No. & Street) (City) (State) (Zip)

TELEPHONE NO. (Home) _____
(Cell) _____ BIRTHDATE: _____

SOCIAL SECURITY NUMBER: _____

HAVE YOU PREVIOUSLY BEEN ADMITTED TO THE EXAM FOR WHICH YOU ARE APPLYING _____

SEE REVERSE SIDE FOR FILING INSTRUCTIONS AND QUALIFICATION

REQUIREMENTS SECTION I. APPLICANTS FOR JOURNEYMAN PLUMBER EXAMINATION:

Are you registered with the Allegheny County Health Department as an apprentice plumber? _____

Apprentice Card No. _____ **Effective Date** _____

Name and Address of Technical School Attended: (If you attended more than one Plumbing School, **list all schools and classroom hours at each school**) _____

Number of **Classroom Hours** accumulated to **examination date:** _____

Plumbing license(s) held from other jurisdictions: _____ (See Reverse Side)

SECTION II. APPLICANTS FOR MASTER PLUMBER EXAMINATION:

Do you possess a current, valid Journeyman Plumber's license issued by the Allegheny County Health Department? _____ **Journeyman License No.** _____ **Expiration Date** _____

Plumbing license(s) held from other jurisdictions: _____ (See Reverse Side)

Applicants who may need an accommodation for testing are required to contact our office at 412-578-8110, or put in writing the request and submit with the application. Requests must be received by the closing date.

CERTIFICATION

I hereby certify that the facts set forth above and attached in support of this application for examination are true and complete to the best of my knowledge. I understand that the Allegheny County Health Department shall revoke any license issued under the provisions of Article XV, if the Department shall find that the license was obtained by fraud or misrepresentation.

SIGNATURE _____ DATE _____

EXAMINATION FEE MUST ACCOMPANY APPLICATION.

INCOMPLETE OR ALTERED APPLICATIONS WILL BE RETURNED TO THE APPLICANT

TO MASTER PLUMBER:

This is a legal document. **YOU, THE LICENSED MASTER PLUMBER, MUST HAVE THIS FORM COMPLETED AND NOTARIZED, NOT THE APPLICANT.** Any misstatement of facts contained in this affidavit is subject to the suspension and/or revocation of the license of the applicant and the master plumber.

IN ADDITION, YOU MAY BE SUBJECT TO LEGAL PENALTIES AS PROVIDED BY LAW FOR FALSE SWEARING.

NO WHITEOUT OR CORRECTIONS ALLOWED ON THIS FORM. IF CORRECTIONS ARE MADE, IT WILL BE RETURNED TO APPRENTICE/JOURNEYMAN UNAPPROVED.

This is to certify that _____
Name

has worked under my direction as a Registered Apprentice Journeyman for:

Name of Company Street Address

City & State From _____ / _____ / _____ To _____ / _____ / _____
Month Date Year Month Date Year
If currently employed write "Present"

Amount of overtime from date as apprentice by applicant during this period was _____ hours

THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Please indicate if Applicant worked:

- Full Time - 40 Hours Per Week
- Part Time - Less Than 40 Hours Per Week
- If Part Time List Total Hours _____

Print Name of Registered Master Plumber

Signature of Registered Master Plumber

License Number

Street Address

City, State, Zip Code

Subscribed and Sworn (affirmed) to before me:

this _____ day of _____, 20____

Telephone Number

Date

(Notary Public or Justice of the Peace)

My Commission Expires: _____

Return to:
Allegheny County Health Department
Drew Grese, Program Manager
Plumbing Office, Clack Health Center
3901 Penn Avenue, Building #5
Pittsburgh, Pennsylvania 15224-1318

THIS FORM MUST BE RECEIVED IN OUR OFFICE BY:
November 13, 2024
THIS FORM WILL NOT BE ACCEPTED UNLESS IT IS NOTARIZED

For Journeymen exam applicants, experience is credited from the date of apprentice registration.