



APPLICATION FOR APPRENTICE PLUMBER REGISTRATION

NORTH DAKOTA STATE PLUMBING BOARD
SFN 59633 (12-2024)

DATE RECEIVED BY THE BOARD

- Read the instructions on the back page before completing this application.
- The appropriate fee must accompany this application.

DESIGNATE TYPE OF LICENSE:				
<input type="checkbox"/> 1st year - 0 to 1900 hours	January - March	\$20.00	<input type="checkbox"/> 2nd year - 1901 to 3800 hours	\$30.00
	April - June	\$15.00	<input type="checkbox"/> 3rd year - 3801 to 5700 hours	\$40.00
	July - September	\$10.00	<input type="checkbox"/> 4th year - 5701 to 7600 hours	\$50.00
	October - December	\$ 5.00	<input type="checkbox"/> 5th year - over 7600 hours	\$75.00

Name	Social Security Number	Date of Birth	Age
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Mailing Address	City	State	ZIP Code
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Phone Number	Email Address
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Are you a resident of North Dakota?
 No Yes - How many years?

Education
 9 10 11 12 13 14 15 16

Are you a graduate of a Plumbing Trade School?
 No Yes - Name and Address of Trade School:

Have you ever been registered in another state?
 No Yes - Which state?

Have you previously been registered with the North Dakota State Plumbing Board?
 No Yes - When?

Have you ever been arrested, charged or convicted of a felony or had a felony dismissed, discharged, reduced, pardoned or expunged in this state or any other jurisdiction?
 No Yes

Are you a member of the military?
 No Yes - Submit with this application a copy of military orders and current military ID.

Are you a plumbing licensee in another state who is a spouse of a member of the armed forces of the United States or a reserve component of the United States stationed in North Dakota in accordance with military orders or stationed in North Dakota before a temporary assignment to duties outside of this state?
 No Yes - Submit with this application a copy of military orders and current military ID for the military member.

I certify all information provided is true and accurate to the best of my ability. I further understand that falsification of any statement is cause for rejection of application or revocation of the plumbing apprentice license, if issued. I also authorize the North Dakota State Plumbing Board to release my social security number for purposes of verifying my employment. Failure to provide the social security number will cause this application to not be processed.

Signature	Date
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EMPLOYMENT RECORD

Name of Present Employer		Phone Number	
Mailing Address	City	State	ZIP Code
Describe Type of Work			
Date Started	Present Date	Number of Hours Worked	
Master Plumber Signature (Required)		License Number	

INSTRUCTIONS FOR COMPLETING THE APPLICATION

1. All applicants must meet the requirements of section 62-02-01-01.1 of the North Dakota Administrative Code.
2. Applicants must be at least eighteen (18) years old and register within thirty days (30) after beginning employment. Hours worked after the thirty days (30) without being registered will not be counted towards the term of apprenticeship.
3. Applicants who are graduates of courses in plumbing at an accredited school may be granted hourly credit toward the term of apprenticeship when an official copy of the school transcript is provided (Hourly credit is based on the grade point average).
4. Applicants who are registered in other states must verify proof of previous practical experience by a state endorsed letter. Disregard instruction #5.
5. Applicants claiming practical experience from other states that do not require registration must complete the Previous Practical Experience Verification section. Disregard instruction #4.

PREVIOUS PRACTICAL EXPERIENCE VERIFICATION

This section only needs to be completed if you are claiming plumbing work experience performed outside the state of North Dakota where licensing is not required.

Name of Employer		Phone Number	
Mailing Address	City	State	ZIP Code
Describe Type of Work			
Date Started	Present Date	Number of Hours Worked	
Master Plumber Signature		License Number	

SPACE BELOW RESERVED FOR BOARD USE

License Number	Approved By	Date
Comments		