

**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: \_\_\_\_\_

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**HAVE YOU BEEN PREVIOUSLY ADMITTED TO THE EXAMINATION FOR WHICH YOU ARE APPLYING?** \_\_\_\_\_

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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)

**Advance Standing Credit**  **Yes** If Yes, attach copy of **Advanced Standing Letter.**  **No**

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**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)

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Applicants who may need an accommodation for testing are required to contact our office at 412-578-8036, 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**

## FILING INSTRUCTIONS AND QUALIFICATION REQUIREMENTS

Applications for the Master or Journeyman Plumber Examination are to be received by **NOVEMBER 2, 2020.** **(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 **TO BE DETERMINED**

Send completed applications to:

**Allegheny County Health Department  
Ivo Miller, Chief Plumbing Inspector  
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 3:30 P.M.** The use of calculators will be permitted.

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

### **EXAMINATION/PROCESSING FEES**

**Master Plumber - \$250.00**

**Journeyman Plumber - \$125.00**

 **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.*