



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

DELAWARE BOARD OF PLUMBING, HEATING, VENTILATION, AIR CONDITIONING & REFRIGERATION EXAMINERS

APPLICATION FOR PLUMBER OR HVACR LICENSURE INSTRUCTION SHEET

General Information

Board meetings are normally scheduled for the second Tuesday of each month, except for August and December when there are no meetings. To assure consideration of your application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

The supporting documents that you are required to submit depend on the type and method of licensure. If you hold a *current* license in another State, US territory or District of Columbia, see the **Reciprocity Checklist** below. If you do not hold a *current* license, see the **Examination Checklist** below.

The Board's Rules and Regulations and law are available at dpr.delaware.gov. If you have any questions, email customerservice.dpr@state.de.us or call (302) 744-4500.

Definitions

Plumbing services - The design, installation, construction, replacement, service, repair, alteration, or modification of the pipes, fixtures, and other apparatus used for bringing the water supply into a building and removing liquid and water-carried wastes from a building. Plumbing services also includes the installation and connection of gas piping.

HVACR services - The design, installation, construction, maintenance, service, repair, alteration, or modification of a product or of equipment including gas piping in heating and air conditioning, refrigeration, ventilation, or process cooling or heating systems.

HVACR restricted services - HVACR services that are limited to one of the following specialties:

- Heating – Forced Air Systems, Ventilation, and Gas Piping
- Heating – Hydronic Systems and Gas Piping
- Commercial Hood Systems
- Refrigeration
- Air Conditioning
- Gas Piping

Licensure by Examination Checklist

This checklist applies to applications by examination.

- Submit completed, signed and notarized application.
 - Forms that are incomplete, unsigned or not notarized will be rejected.
- Enclose processing fee by check or money order made payable to “State of Delaware.” For fee amount, visit dpr.delaware.gov. Click on “Plumbing” or “HVACR” and then “Fee Schedule.”
 - Applications submitted without this processing fee will be rejected.
- If you applying for a Master HVACR, Master HVACR Restricted-Refrigeration, Master HVACR Restricted-Air Conditioning, submit a copy of your CFC Certification card.
- Whether or not you have a “Journeyman Certificate” determines what other proof you must submit.

IF you...	THEN you ...
have a Journeyman Certificate	Submit: <ul style="list-style-type: none"> <input type="checkbox"/> copy of your apprenticeship program <i>Certificate of Completion</i>. <input type="checkbox"/> proof of <i>at least two years</i> work experience under supervision of a master licensee <i>after</i> receiving your certificate.
do <u>not</u> have a Journeyman Certificate	<ul style="list-style-type: none"> <input type="checkbox"/> Submit proof of <i>at least seven years</i> work experience under a master licensee’s supervision. <ul style="list-style-type: none"> • The Board will review the documentation of your experience. • If approved, the Board office will notify you that you may take the <i>Apprenticeship By-Pass Exam</i>, a State-approved series of tests offered by Delaware apprenticeship schools. • When you receive the notice, call one of these schools to schedule your test date: <u>New Castle County</u> – New Castle County VoTech (302) 683-3643 <u>Kent County</u> – PolyTech H.S. (302) 697-4545 <u>Sussex County</u> – Delaware Tech, Georgetown (302) 856-9035 <input type="checkbox"/> When you pass the <i>By-Pass Exam</i> (score of 70% or higher), send the official copy of the exam results to the Board office.

- A “Journeyman Certificate” is issued by a federally-approved plumbing/HVACR apprenticeship program such as the Delaware Department of Labor.
- To prove your experience, arrange for your supervisor(s) to complete the *Verification of Employment* included in the application packet. *If you cannot obtain the required form from the supervisor*, you may substitute tax form W-2 or an affidavit of the employer or officer of the employing company. Acceptance of proof of experience is at the discretion of the Board.

When the Board approves you to sit for the master exam, the Board office will send you a candidate information packet. For more information about the master exam, go to dpr.delaware.gov. Click “Plumbing” or “HVACR,” then click “Testing.”

Licensure by Reciprocity Checklist

This checklist applies to applications by reciprocity.

- Submit a completed, signed and notarized application form.
 - Forms that are incomplete, unsigned or not notarized will be rejected.
- Enclose the processing fee by check or money order made payable to “State of Delaware.” For fee amount, visit dpr.delaware.gov. Click on “Plumbing” or “HVACR” and then “Fee Schedule.”
 - Applications submitted without this processing fee will be rejected.
- Arrange for the Delaware Board office to receive a letter of good standing from *each* jurisdiction where you have *ever* held an individual Master Plumbing, Master HVACR, or Master HVACR Restricted license, sent **directly** from the Board office of the other jurisdiction(s).
- If you applying for a Master HVACR, Master HVACR Restricted-Refrigeration, Master HVACR Restricted-Air Conditioning, submit a copy of your CFC Certification card.
- In addition to the requirements above, you must submit proof of experience if *none* of the states where you hold a *current* license has licensure standards “substantially similar” to those of Delaware.

Plumbing – This table shows whether to submit proof of experience if applying for a Plumbing license.

IF you are currently licensed in one of these states...	THEN the licensure standards ...	AND you...
Connecticut, Maryland	are substantially similar	do <u>not</u> need to submit any proof of experience.
Michigan, New Hampshire, New Jersey, North Carolina Rhode Island, Virginia	are <u>not</u> substantially similar	must submit proof of your experience under the supervision of a master licensee for a minimum of <i>seven</i> years after licensure.
any state or jurisdiction <u>not</u> listed above	must be evaluated by the Board	must submit a copy of the other jurisdiction’s law and regulations for evaluation.

HVACR – This table shows whether to submit proof of experience if applying for a HVACR license.

IF you are currently licensed in one of these states...	THEN the licensure standards...	AND you...
Connecticut, Maryland	are substantially similar	do <u>not</u> need to submit any proof of experience.
Michigan, Rhode Island, Virginia	are <u>not</u> substantially similar	must submit proof of your experience under the supervision of a master licensee for a minimum of <i>seven</i> years after licensure.
Any state or jurisdiction <u>not</u> listed above	must be evaluated by the Board	must submit a copy of the other jurisdiction’s law and regulations for evaluation.

Note: The determination of substantial similarity may change based, for example, on changes in the other jurisdiction’s statute.

- For periods of **employment**, arrange for your supervisor(s) to complete the *Verification of Employment* included in the application packet. If you cannot obtain the required affidavit from the supervisor, you may substitute tax form W-2 or an affidavit of the employer or officer of the employing company as proof of experience.
- To prove your work experience for periods of **self-employment**, you may submit tax form Schedule C.
- Acceptance of proof of experience is at the discretion of the Board.



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APPLICATION FOR PLUMBER OR HVACR LICENSURE

TYPE OF APPLICATION

- Show which type of license you are applying for (check one):
 - Master Plumber
 - Master HVACR (**CFC card required**)
 - Master HVACR Restricted - I provide services only in the following area(s) (check all that apply):
 - Heating – Forced Air Systems, Ventilation, and Gas Piping
 - Heating – Hydronic Systems and Gas Piping
 - Commercial Hood Systems
 - Refrigeration (**CFC card required**)
 - Air Conditioning (**CFC card required**)
 - Gas Piping
- Select the method of licensure (check one):
 - Reciprocal** – I hold a current license in at least one State other than Delaware.
 - Examination** – I do not hold a *current* license in another State.

IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.

- Name: _____
 Last First M.I.
- Address: _____
 Street
 City State Zip code
- Home Phone: _____ Work Phone: _____
- Email: _____
- Have you been issued a U.S. Social Security Number? Yes No
 - If yes, enter your SSN: _____
 - If no, you must file a *Request for Exemption from Social Security Number Requirement*.

LICENSURE HISTORY - Applicants for *licensure by reciprocity* complete this section.

- List all licenses you now hold, or have ever held:

STATE	LICENSE NUMBER	IS THIS LICENSE <i>CURRENT</i> ?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Arrange for the Delaware Board office to receive a letter of good standing from *each* jurisdiction listed above, sent directly from the State's Board office to the Delaware Board office. If you do not hold a *current* license in at least one jurisdiction where the licensure standards are substantially similar to those in Delaware, submit a copy of the law and rules and regulations from each jurisdiction where you are *currently* licensed.

JOURNEYMAN CERTIFICATE - Applicants for licensure by examination complete this section.

9. Do you have a journeyman's certificate issued by a federally-approved apprenticeship program? Yes No **If yes, list school name and address below:**

School/Program: _____

Address: _____
City State Zip Code

Attach a copy of your Certificate of Completion.

WORK EXPERIENCE

10. List all periods of employment or self-employment (reciprocity applicants only) to verify your experience. Start with the most recent. You may add additional sheets as needed.

- **If you are applying by examination and have a Journeyman's Certificate, enter two years of employment experience.**
- **If you are applying by examination but do not have a Journeyman's Certificate, enter seven years of employment experience. The Board must approve this experience before you are allowed to take the *Apprenticeship By-Pass Examination*.**
- **If you are applying by reciprocity but hold current licenses only in jurisdictions where the standards are not substantially similar to Delaware's standards (refer to table in instructions), enter seven years of employment or self-employment experience.**
- **If you are applying by reciprocity and hold a *current* license in at least one jurisdiction where the standards are substantially similar to Delaware's standards (refer to table in instructions), skip to the next section.**

ENTER EMPLOYER NAME OR "SELF-EMPLOYED"	ADDRESS OF EXPERIENCE	DATES

For periods of employment listed above, arrange for your supervisor(s) to submit *Verification of Employment* form(s) describing your experience. If you cannot obtain the required form from the supervisor, you may substitute tax W-2 forms showing full-time employment. For periods of self-employment listed above (reciprocity applicants only), submit tax form Schedule C.

DISCLOSURES - All applicants complete this section.

11. Have you been the recipient of any administrative penalties regarding your practice in plumbing or HVACR in any jurisdictions, such as fines, formal reprimands, license suspension or revocation (except for non-payment of fees), probationary limitations; or have you been a party to a consent agreement containing conditions placed by a board on your professional conduct and practice, including any voluntary surrender of a license? Yes No **If yes, provide documentation for review by the Board.**
12. Have you ever had or do you now have any disciplinary proceedings or unresolved complaints pending against you in any jurisdiction where you have previously been or are currently authorized to provide plumbing or HVACR services? Yes No **If yes, provide documentation for review by the Board.**
13. Do you have an impairment related to drug or alcohol use that would limit your ability to provide plumbing or HVACR services in a manner that would pose a risk to the health, safety, or welfare of the public? Yes No **If yes, explain on a separate sheet of paper and provide any relevant documentation.**

14. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor, or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes No **If yes, submit a certified copy of your criminal history record.**

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before discarding an abandoned application.

If your application is approved by the Board, please allow 4-8 weeks to receive your license.

AFFIDAVIT

I, the applicant named herein, do declare and affirm under penalty of perjury that the foregoing information is true and complete to the best of my knowledge and belief. I hereby consent to the release of any information, by any person having such information, to the Board of Plumbing, Heating, Ventilation, Air Conditioning & Refrigeration Examiners regarding my education, background, or qualifications to be licensed. I understand that the Board will use such information in considering my application(s) to practice in Delaware. I hereby release and hold harmless from liability any person who in good faith provides any such information to the Delaware Board of Plumbing, Heating, Ventilation, Air Conditioning & Refrigeration Examiners.

APPLICANT SIGNATURE: _____ Date: _____

County of _____

State of _____

Sworn or affirmed before me a Notary Public this _____ day of _____, 2_____.
My commission expires on _____.

Notary Public

It is a violation of Delaware law to engage or knowingly cooperate in fraud or material deception in order to become licensed, 24 Del. C. §§1814(1) and 1827(1).

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED PROCESSING FEE WILL BE REJECTED.



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VERIFICATION OF LICENSE OR STATEMENT OF GOOD STANDING

Reciprocity Applicant: Send this form to *each* state where you currently hold, or have ever held, a license. You may duplicate the form as needed.

IDENTIFYING AND CONTACT INFORMATION – to be completed by applicant

- 1. Name: _____
Last First M.I.
- 2. Address: _____
Street
City State Zip code
- 3. Home Phone: _____ Work Phone: _____
- 4. Email: _____
- 5. Social Security Number: _____
- 6. Licensing State: _____ 7. License Number: _____

LICENSE VERIFICATION – to be completed by State Board office

- 1. Name of Licensing Agency: _____
- 2. Address: _____
Street
City State Zip code
- 3. Is the above-named applicant licensed to practice as a (formal license title) _____ in the State of _____? Yes No
- 4. License Number: _____
- 5. Original Issue Date: _____ 6. Expiration Date: _____
- 7. Has any disciplinary action been taken against this license, or are any unresolved disciplinary actions or complaints pending against this applicant? Yes No **If yes, please enclose documentation of any administrative action.**

Signature of Agency Representative Date

Name and Title (please print)

BOARD SEAL

Please return *directly* to Delaware Board of Plumbing, Heating, Ventilation, Air Conditioning & Refrigeration Examiners at address above.



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VERIFICATION OF EMPLOYMENT

Applicant: Send this form to each employer listed on the application. You may duplicate the form as needed.

APPLICANT INFORMATION – to be completed by applicant

1. Name: _____

Last
First
M.I.
2. Address: _____

Street

City
State
Zip code
3. Home Phone: _____ Work Phone: _____
4. Email: _____
6. Social Security Number: _____
7. Employer Name: _____
8. Address: _____

Street

City
State
Zip code

EMPLOYER AFFIDAVIT – To be completed by employer named above

The above-named applicant has applied to the Delaware Board of Plumbing & HVACR Examiners for licensure. Please complete this section and have it notarized. For purposes of this affidavit, the following definitions apply:

Supervision - Control and oversight by a master licensee who is an owner or full-time employee of the entity providing services. A supervising master licensee is responsible and accountable for the work performed under the supervising master licensee's license.

Plumbing services - The design, installation, construction, replacement, service, repair, alteration, or modification of the pipes, fixtures, and other apparatus used for bringing the water supply into a building and removing liquid and water-carried wastes from a building. Plumbing services also includes the installation and connection of gas piping.

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- Commercial Hood Systems
- Refrigeration
- Air Conditioning
- Gas Piping

1. Supervisor's Name: _____
2. Supervisor's License Type (check one): **Master Plumber** **Master HVACR** **Master HVACR Restricted**
Other **Specify:** _____
3. Licensing State: _____ License Number: _____
4. Address: _____

Street

_____ City _____
_____ State _____
_____ Zip code _____
5. Phone: _____ 6. Email: _____
7. The applicant was under my supervision from: _____ to: _____
8. Job Title: _____
9. Applicant's Job Duties: _____

I, the supervisor named herein, do declare and affirm under penalty of perjury that the foregoing information is true and complete to the best of my knowledge and belief.

SUPERVISOR'S SIGNATURE: _____ **DATE:** _____

County of _____)
) SS.
State of _____)

Sworn or affirmed before me a Notary Public this _____ day of _____, 2____.

My commission expires on _____.

Notary Public

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