



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

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

**APPLICATION FOR PLUMBER OR HVACR LICENSURE
INSTRUCTION SHEET**

General Information

The application asks you to select whether you are applying by examination or reciprocity.

- If you hold a *current* license in another state, U.S. territory or the District of Columbia, apply by **Reciprocity**.
- If you do not hold a *current* license in another state, U.S. territory or the District of Columbia, apply by **Examination**.

Whether you are applying by Examination or Reciprocity determines the types of documents you are required to submit and which sections on this Instruction Sheet pertain to you.

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

Requirements for All Applicants

These requirements apply to both Reciprocity and Examination applications.

- Submit a completed, signed and notarized [Application for Plumber or HVACR Licensure](#).
 - Applications that are incomplete, unsigned or not notarized will be rejected.
- Enclose the non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
 - Applications submitted without this processing fee will be rejected.
- If you have *ever* held an individual Master Plumber, Master HVACR, or Master HVACR Restricted license in another state, U.S. territory or District of Columbia, arrange for the Delaware Board office to receive a *Verification of Licensure* (included in this packet) from each jurisdiction, sent **directly** from the Board office in the other jurisdiction(s).
- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
 - *The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.
- If you are applying for a Master HVACR, Master HVACR Restricted-Refrigeration, Master HVACR Restricted-Air Conditioning, submit a copy of your CFC Certification card.

Additional Requirements for Examination Applications

The following requirements apply to applications by Examination in addition to the requirements in the **Requirements for All Applicants** section above.

- Whether you have a “Journeyman Certificate” determines what other proof you must submit.

IF you...	THEN these proofs are required:
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 not 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> – Sussex 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, click [Testing](#).

Additional Requirements for Reciprocity Applications

The following requirements apply to applications by Reciprocity in addition to the requirements in the **Requirements for All Applicants** section above.

- If *none* of the states where you hold a *current* license has licensure standards that are “substantially similar” to those of Delaware, proof of experience is required. The tables below show whether to submit proof of experience.

Plumbing Applications

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

HVACR Applications

IF you hold a <i>current</i> HVACR license in any 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 <i>not</i> 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 <i>not</i> listed above, a U.S. territory or the District of Columbia	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 law.

- To prove your work experience 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 Board's discretion.



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APPLICATION FOR PLUMBER OR HVACR LICENSURE

TYPE OF APPLICATION

1. 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

2. Select the method of licensure (check one):

- Reciprocity** – I hold a current license in at least one state other than Delaware, a U.S. territory or the District of Columbia.
 Examination – I do not hold a *current* license in any state, U.S. territory or the District of Columbia.

IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.

3. Name: _____
Last First Middle

4. Other Names: _____

5. Date of Birth (month/day/year): _____ Gender: Male Female

6. 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](#).

7. Mailing Address: _____

City State Zip code

8. Phone: _____ Email: _____
Work Home

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

Enclose a copy of your *Certificate of Completion*.

LICENSURE HISTORY – All applicants complete this section.

10. Have you ever held a Plumbing and/or HVACR license in another state, a U.S. territory or the District of Columbia? Yes No If yes, list all licenses you have ever held:

STATE, TERRITORY OR DC	TYPE OF LICENSE (e.g., Master Plumber)	LICENSE NUMBER	IS THIS LICENSE CURRENT?
			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 *Verification of Licensure* from each jurisdiction, sent *directly* from the Board office in the other jurisdiction(s). If you are applying by reciprocity but 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. See the Instruction Sheet for guidance on which jurisdictions are substantially similar to Delaware.

WORK EXPERIENCE

11. 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 (see table on Instruction Sheet), **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 (see table on Instruction Sheet), 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.

12. 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.**
13. Are any criminal charges pending against you in any jurisdiction? Yes No **If yes, enclose a statement explaining fully and copies of any documentation related to the charges.**

14. 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.**
15. 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.**
16. 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.**

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 months of filing may be considered abandoned and discarded.

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.

Signature of Applicant: _____ **Date:** _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2_____.

Notary Signature: _____

SEAL

My commission expires: _____

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 LICENSURE

Applicants for Plumbing or HVACR licensure should send this form to *each* jurisdiction (state, U.S. territory or District of Columbia) where you have ever held a license. You may duplicate the form as needed.

IDENTIFYING AND CONTACT INFORMATION – to be completed by applicant

- Name: _____
Last First M.I.
- Address: _____

City State Zip
- Phone: _____ Email: _____
Work Home
- Social Security Number: _____
- Licensing Jurisdiction: _____ License Number: _____

LICENSE VERIFICATION – to be completed by Board office

- Name of Licensing Agency: _____
- Address: _____

City State Zip
- Is the above-named applicant licensed to practice in the State of _____? Yes No If yes, enter:
Formal License Title: _____ License Number: _____
Original Issue Date: _____ Expiration Date: _____
- 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.**

Agency Representative Signature: _____ Date: _____

Printed Name: _____

Title: _____

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: _____

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

City State Zip

EMPLOYER AFFIDAVIT – To be completed by employer named above

The above-named applicant has applied to the Delaware Board of Plumbing and 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: _____

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

AFFIDAVIT

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.

Signature of Supervisor: _____ **Date:** _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2____.

Notary Signature: _____

SEAL

My commission expires: _____

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