



COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUILDING AND SAFETY DIVISION

Journeyman Plumber Testing Program
900 South Fremont Avenue, 3rd Floor
Alhambra, CA 91803
(626) 458-3171 Attn: Crystal Arroyo

Name: _____

Address: _____

City: _____ Zip Code _____ Phone: (____) _____

Los Angeles County Contractor's Certificate of Registration will not be issued to persons holding California State Contractor's licenses covering the activities in which Registration is sought.

CHECK CLASSIFICATION OF EXAMINATION DESIRED:

Plumbing Contractor*\$84.80 _____ Journeyman Plumber**\$67.70 _____
Gas Fitting Contractor*\$84.80 _____ Journeyman Gas Fitter**\$60.30 _____

Applicant will be notified by mail of time, date, and place of examination.

MAKE CHECKS PAYABLE TO: DEPARTMENT OF PUBLIC WORKS

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STATEMENT OF QUALIFICATIONS

Have you held a prior Los Angeles County Certificate of Registration? Yes ___ No ___ When _____

Have you taken this examination previous? Yes ___ No ___ When _____

List current licenses or Certificates of Qualification of Registration held .

Table with 5 columns: Name of Jurisdiction, Classification, Certificate No., Expires, How long held. Rows 1, 2, 3.

Which of the above certificates did you obtain by written examination 1. _____ 2. _____ 3. _____

REFERENCES: Give name of firm or present employer and one other employer reference.

1. _____

2. _____

Number of years as an Apprentice? _____ years. Journeyman? _____ years. Contractor? _____ years.

Do you possess a current California State Contractor's license? Yes ___ No ___ Class? _____

I _____ do solemnly swear or affirm that the above statements are true.
(print name)

I further realize that to falsify said statements may lead to prosecution under the State Code for perjury.

Signature of applicant _____

*Proof of 5 years experience must be presented to examiners at time of examination.

**Proof of 4 years experience must be presented to examiners at time of examination.