

# Work Verification Form – Plumbing Specialty Journeyman Licensure

Complete a separate form for each employer where work experience was obtained.

Applicant Full Legal Name: \_\_\_\_\_

Applicant License/Registration Number: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Supervising Journeyman Name: \_\_\_\_\_

Supervising Journeyman License Number: \_\_\_\_\_

---

---

**Number of hours worked while holding an active registration, if required by the state. Active registrations are required in Idaho for hours to count.**

Dates of Verification: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy mm dd yyyy

Total Number of Plumbing Specialty Installation Experience Hours: \_\_\_\_\_ hours

Was all work completed in the state of Idaho?  Yes  No

Detailed description of work performed:

Was all work completed in the state of Idaho?  Yes  No

If no, list the state where the work was completed: \_\_\_\_\_

Note: If claiming overtime, a paycheck stub identifying hours worked must be provided upon request.

---

---

## Certification

Upon oath I certify each of the following: the responses and information provided in this verification are true and correct to the best of my knowledge; falsification of any information could lead to discipline including but not limited to revocation of licensure; and any of the hours submitted are subject to additional verification.

Verifier Name (if other than applicant): \_\_\_\_\_

Verifier Signature: \_\_\_\_\_ Date: \_\_\_\_\_