



COLORADO

Department of
Regulatory Agencies

Division of Professions and Occupations

Affidavit of Experience | Plumber

THIS FORM IS NOT AN APPLICATION. PLEASE DO NOT SUBMIT INDEPENDENTLY WITHOUT INSTRUCTION.

Employee Name:

First Middle Last/Suffix

Social Security Number: Date of Birth: License Number:

Company Name: CO License Number:

(As appears on the license, no DBAs)

Dates of Employment

Employment Period 1		Employment Period 2	
Start Date:	End Date:	Start Date:	End Date:

Please list all experience in either Hours or Months:

	Hours	Months*	
Residential			Includes new construction, remodeling and additions to buildings for residential occupancy. Also include plumbing installation in one, two, three, and four-family dwellings, which do not extend more than two stories above ground.
Commercial/Industrial			Includes new construction remodeling and additions to stores, office buildings, gas stations, theaters, warehouses, hospitals, and other buildings and facilities of a similar nature.
Maintenance/Service			Does not qualify for licensure.
Total:			Cumulative for all listed hours/months and employment periods

*One month of plumbing experience must contain at least 163 hours of work

Attestation

By signing this application, you attest that the information contained in this application is true and correct to the best of your knowledge. False statements made on this application could result in a violation of the practice act.

Signature of Signatory Authority Date

Printed Name of Signatory Authority Job Title