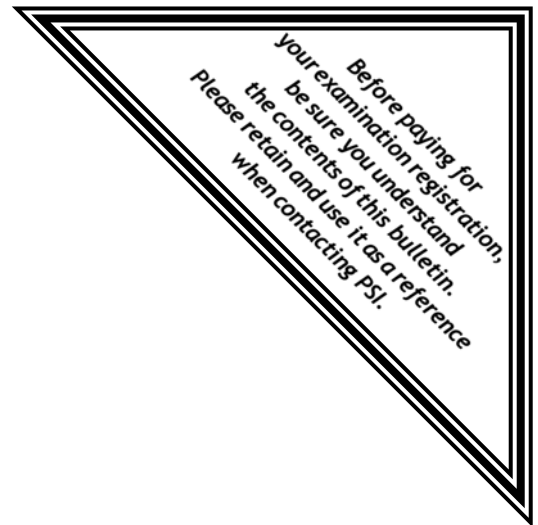




PSI licensure:certification  
3210 E Tropicana  
Las Vegas, NV 89121  
www.psiexams.com  
1-800-733-9267



**MARYLAND**  
**DEPARTMENT OF LABOR, LICENSING AND REGULATION**  
**STATE BOARD OF PLUMBING**

**MASTER PLUMBER/GAS FITTER/ JOURNEY PLUMBER/GAS FITTER**  
**MASTER NATURAL GAS FITTER/ JOURNEY NATURAL GAS FITTER**  
**QUALIFICATION INFORMATION BULLETIN**  
**AND EXAMINATION APPLICATIONS**

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## INTRODUCTION

### **Maryland State Board of Plumbing**

The Maryland State Board of Plumbing, by authority of the Business Occupations and Professions Article, § 12-207, *Annotated Code of Maryland*, is responsible for promulgating and enforcing regulations which define qualifications for examination, certifying and licensing Master and Journey Plumbers, investigating alleged infractions, and disciplining violators.

Before being granted a license by the Board, an individual is required to pass a written examination. The examination which you will take was developed to meet the evaluation requirement set out in Title 09, Subtitle 20, Chapter 26 of the Maryland State Plumbing Code. After passing the examination, you may apply to the Board of Plumbing for a license or certificate.

### **PSI licensure:certification**

The Maryland State Board of Plumbing has contracted with PSI licensure:certification (PSI) to conduct its examination program. PSI is a nationally recognized test development and test administration services company headquartered in Burbank, California. PSI also serves the Maryland Real Estate Commission and the Real Estate Appraisers Commission and their examination programs. For information concerning the examinations, call PSI at 1-800-733-9267.

### **The Plumber/Gas Fitter and Natural Gas Fitter Examinations**

Following are the licensing examinations offered by PSI Examination Services:

- Master Plumber/Gas Fitter
- Journey Plumber/Gas Fitter
- Master Natural Gas Fitter
- Journey Natural Gas Fitter

All examination items have undergone a rigorous review by a content panel, psychometricians, and editors. Examination content is based on the outlines approved by the State Board of Plumbing.

### **Using this Bulletin**

The policies and procedures for communicating with and submitting your application to PSI during the examination process and, after the exam, with the Board during the licensing/certification process are presented in this bulletin. You will find study information about the examinations and instructions about what to do after you have passed the exam in order to become certified/licensed as a Master or Journey Plumber/Gas Fitter or Natural Gas Fitter by the State of

Maryland. The bulletin is essentially an "application packet." It contains the forms that must be submitted to PSI for exam eligibility determination and registration (the forms are included at the end of this bulletin). **READ THIS ENTIRE BULLETIN before** completing the forms. We welcome your calls to our 800 service number. However, **before** calling with questions about the forms or the examination process please review this bulletin. It may well answer your questions for you.

KEEP THIS BULLETIN FOR REFERENCE. Not only does it contain the examination content outlines that will assist your study, but it will be a handy reference throughout the examination and application process. **PLEASE HAVE THIS BULLETIN WITH YOU** whenever you call about your application.

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## THE EXAMINATION APPLICATION

To be eligible to **apply for the examination**, the applicant will have satisfactorily completed the required work experience. The instructions and forms are located at the end of this bulletin. When completing them, you may make duplicate copies of the blank forms if your information will exceed the space allowed on one sheet. Read the instructions carefully. Detailed information is provided about how to fill out each form along with step-by-step guidance to assist you in making a determination about your own eligibility before you apply.

The completed forms and a money order, cashier's check, or certified check for the correct fee must be submitted to PSI. Cash and personal or company checks are not accepted. It is your responsibility to make sure that all forms are completed correctly.

Mail the forms and fees to:

PSI licensure:certification Attn: MD Plumber/Gas Fitter Examinations 3210 E Tropicana Las Vegas, NV 89121
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### **Application Review at PSI**

Please allow approximately 10 business days from the day you mail your application to receive notification from PSI about your eligibility. This may be either be a confirmation of your eligibility; a notice of denial of eligibility; or a request for clarification, fee correction, or additional information.

### **Complete Applications:**

If all information is complete and acceptable and is accompanied by the correct fee, PSI will issue by first class

mail a confirmation notice authorizing you to call to make a test appointment.

### **Incomplete Applications:**

If any information is missing, incomplete, or must be clarified, PSI will notify you by phone and/or first class mail so that you can provide the information or fee correction necessary before your application can be accepted. Any delay in responding to a request for additional material may jeopardize your application and delay your test. In some cases applications may need review and approval of the State Board of Plumbing.

### **Questions and Inquiries**

#### **For PSI**

All questions and requests for information about your application and the examinations should be directed to:

PSI licensure:certification  
3210 E Tropicana  
Las Vegas, NV 89121  
www.psiexams.com  
(800) 733-9267 · FAX (702) 932-2666  
TDD (800) 735-2929

#### **For the State Board of Plumbing**

Reciprocity, reinstatement, and conviction and disciplinary action history require review/approval by the State Board of Plumbing. Questions about these and all questions concerning applications for licensure or certification after you have passed the examination should be directed to:

Maryland State Board of Plumbing  
500 N. Calvert St., Room 302  
Baltimore, MD 21202-3651  
(410) 230-6164 • FAX (410)333-6314  
TTY: MD Relay Service (800) 735-2258

## **BACKGROUND**

Applicants who intend to work in Baltimore County, Prince George's County, or Montgomery County may be required to submit to an additional examination by the local jurisdiction. You may wish to contact the Baltimore County Plumbing Board or the Washington Suburban Sanitary Commission before completion of this application.

- Baltimore County (410) 887-3620
- WSSC (301) 206-8587

**NOTE:** All required information and certification must be original and must be furnished by the applicant with the application for examination.

## **REQUIREMENTS FOR THE MASTER PLUMBER/GAS FITTER EXAMINATION**

### **REQUIREMENTS FOR MARYLAND RESIDENTS OR FOR NONRESIDENTS WHOSE WORK EXPERIENCE HAS BEEN IN MARYLAND**

1. Must have certification of approved work experience under the direction of a licensed Maryland Master Plumber for at least a two-year period, including 3,750 working hours of practical experience as a licensed Maryland Journey Plumber.
2. Certification of experience must be furnished by the applicant with the application for examination (See form on the back of bulletin).
3. All applicants for examination are required to submit proof of successfully completing an approved 32-hour course in Backflow Prevention Device Testing.

**NOTE:** Applicants licensed as a Journey Plumber with Baltimore County or the Washington Suburban Sanitary Commission must obtain a current original letter of verification showing the date of the examination, date of issuance of the Journey license, and confirmation that the license is in good standing. This original letter of verification must be submitted with the application for examination. Copies of licenses or certificates will not be accepted in place of a letter of verification.

### **REQUIREMENTS FOR MARYLAND RESIDENTS OR FOR NONRESIDENTS WHOSE WORK EXPERIENCE HAS NOT BEEN IN MARYLAND**

1. Must submit certification of approved work experience for at least a two-year period, including at least 3,750 hours of work in the plumbing trade, after being licensed as a Journey Plumber.
2. Must submit an original certification of approved work experience of at least 4 years, including at least 7,500 hours under the direction and control of a licensed Master Plumber before being licensed as a Journey Plumber.
3. Must submit an original current letter verifying receipt of Journey Plumber license by having passed a written competency examination, the date the examination was passed, and the date the first license was issued.
4. Must submit an original letter of verification that all of the required work experience, totaling 11,250 hours, was worked under the direction and control of a licensed Master Plumber whose license was obtained by passing a written competency examination. The original letter of current board verification must include information that

the Master Plumber was first licensed as a result of having passed a written examination, the date of examination, and the date of issuance of the first license. Copies of licenses will not be accepted in place of a letter of verification.

5. All applicants for examinations are required to submit proof of successfully completing an approved 32-hour course in Backflow Prevention Device Testing.

#### REQUIREMENTS FOR APPLICANTS FROM AREAS THAT DO NOT REQUIRE JOURNEY PLUMBERS TO BE LICENSED WHEN THE APPLICANT HAS A MASTER LICENSE FOR THE AREA

1. Must submit certification of approved work experience of 7,500 hours under the direction and control of a licensed Master Plumber whose license was obtained by passing a written competency examination. Both the work experience certification and the letter about the Master Plumber's qualification must be furnished by the applicant with the application for examination.
2. Must provide a signed original letter of verification from the state that issued the Master plumber's license. It must reflect that Master Plumber received the license by passing a written examination, and that the Master Plumber has held the license in good standing for at least two years.
3. Must submit certification of having worked as a licensed Master Plumber for 3,750 hours over a two-year period since receipt of Master's license.
4. All applicants for examination are required to submit proof of successfully completing an approved 32-hour course in Backflow Prevention Device Testing.

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### REQUIREMENTS FOR THE MASTER NATURAL GAS FITTER EXAMINATION

#### APPLICATIONS MUST PROVIDE EVIDENCE OF:

1. A current Maryland HVACR master or master restricted heating license in good standing; and
2. 2 years of work experience as a licensed journeyman natural gas fitter under the direction of a:
  - a. Licensed master plumber;
  - b. License master gas fitter; or
  - c. Holder of a master or master restricted heating license in good standing issued by the State Board of HVACR Contractors, who demonstrates qualification as a natural gas fitter that is deemed acceptable by the Board; and
3. Application will be required to pass the written examination.

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### REQUIREMENTS FOR THE JOURNEY PLUMBER/GAS FITTER EXAMINATION

If you are presently working as a non-licensed Apprentice plumber, you must register with the State Board of Plumbers as an Apprentice before submitting the application for examination as a Journey Plumber. Only work experience as a licensed Apprentice will count towards meeting work experience requirement listed below.

#### REQUIREMENTS FOR MARYLAND RESIDENTS OR FOR NONRESIDENTS WHOSE WORK EXPERIENCE HAS BEEN IN MARYLAND

1. Must submit certification of approved work experience of four years, totaling at least 7,500 hours under the direction and control of a licensed Maryland Master Plumber.
2. Up to 1,500 hours certified approved school study can be applied towards the 7,500-hour requirement.
3. All hours worked as an Apprentice Plumber must be listed. If you worked as a non-licensed Apprentice Plumber, a portion of those hours will be subtracted from your total. (Note: you will be penalized 1000 hours, however the hours credited must be under the direction and control of a Master Plumber). If you are presently working as a non-licensed Apprentice Plumber, you must register with the State Board of Plumbers as an Apprentice Plumber before submitting the application for examination as a Journey Plumber.
4. Hours certified by secretaries, bookkeepers, or other office personnel will not be accepted.
5. Hours accrued may not be credited to an individual serving under an apprentice agreement registered with the Maryland Apprenticeship and Training Council unless the individual is also licensed with the Board as an Apprentice Plumber.
6. If the Maryland Master Plumber cannot be located or is deceased, proof of employment from Social Security Administration records or copies of W-2 tax forms may be accepted.
7. If the Master Plumber who certifies your hours is not a Maryland Master Plumber, **AN ORIGINAL LETTER OF VERIFICATION FROM THE STATE OR COUNTY LICENSING AUTHORITY WHERE THE MASTER PLUMBER WAS FIRST LICENSED AS A MASTER PLUMBER** must be obtained stating that a written test was passed, the date of the test, and date first licensed. If you worked for more than one Master Plumber, the same information must be submitted for each Master Plumber. **THE LETTER(S) OF VERIFICATION MUST BE SUBMITTED WITH YOUR APPLICATION FOR EXAMINATION.**

- All applicants for examinations are required to submit proof of successfully completing an approved 32-hour course in Backflow Prevention Device Testing.

**REQUIREMENTS FOR MARYLAND RESIDENTS OR NONRESIDENTS WHOSE WORK EXPERIENCE HAS NOT BEEN IN MARYLAND**

- Must submit certification of approved work experience of four years, totaling at least 7,500 hours, under the direction and control of a licensed Master Plumber.
- Up to 1,500 hours of accredited approved school study can be applied toward the 7,500-hour requirement.
- All certifications of experience must be furnished by the applicant in original form with the application for examination.
- Hours certified by secretaries, bookkeepers, or other office personnel will not be accepted.
- MUST SUBMIT A CURRENT LETTER OF VERIFICATION FROM THE STATE OR COUNTY LICENSING AUTHORITY WHERE THE MASTER PLUMBER WAS FIRST LICENSED AS A MASTER PLUMBER, STATING THAT A WRITTEN TEST WAS PASSED, DATE OF THE TEST, AND THE DATE FIRST LICENSED.** If you worked for more than one Master Plumber, you must submit the same information for each Master Plumber. THE LETTER(S) OF VERIFICATION MUST BE SUBMITTED WITH YOUR APPLICATION FOR EXAMINATION.
- If the Maryland Master Plumber cannot be located or is deceased, you must **SUBMIT PROOF OF EMPLOYMENT IN THE FORM OF W-2 TAX STATEMENTS AND THEN FOLLOW THE GUIDELINES SET ABOVE IN NUMBER 5.**
- All applicants for examinations are required to submit proof of successfully completing an approved 32-hour course in Backflow Prevention Device Testing.

**REQUIREMENTS FOR THE JOURNEY NATURAL GAS FITTER EXAMINATION**

- Applicant has acquired 3,750 Natural Gas Fitter working hours as an apprentice over a period of at least 2 years. CANDIDATE MUST ALSO HAVE COMPLETED AN APPROVED COURSE OF STUDY AND PASSED THE WRITTEN EXAMINATION.

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**PREPARING FOR THE EXAMINATION**

**Tips For Exam Preparation**

The following suggestions will help you prepare for your examination. Planned preparation increases your likelihood of passing.

- Use the exam content outline provided in this bulletin as the basis of your study.
- Learn the major points associated with each outline topic.
- Underline or highlight key ideas for a later review.
- Read the reference materials, making sure you understand each idea before going on to another.
- Check off each topic from the outline when you feel you have an adequate understanding. Plan to take your test when all topics have been checked.
- Your studies will be most effective if you study frequently, for periods of about 45 to 60 minutes. Concentration tends to wander when you study for longer periods of time.

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**EXAMINATION REFERENCE MATERIAL AND CONTENT OUTLINE**

**Examination Content Outline**

If a test question answer could differ because of conflicting information in test reference sources, a legal requirement such as a code, law or regulation overrides any other reference. If two legal requirements appear to conflict, the state-specific code, law or regulation overrides the national one. Information from sources on the test reference list override information from other sources or persons.

The following examination content outline provides the topic areas and number of items for the Master and Journey Plumber/Gas Fitter and Natural Gas Fitter examinations as well as the specific Code reference.

**Master Plumber/Gas Fitter Content Outline**

# of Questions	% Required to Pass	Time Allowed
100	75%	240 minutes

## CONTENT OUTLINE

Topic Information	# of Items
<b>PLUMBING FUNDAMENTALS AND SAFETY</b>	
a. Basic Principles (Code Intro)	5
b. Definitions (Code Chapter 1)	
c. General Regulations (Code Chapter 2)	
d. Tests and Maintenance (Code Chapter 15)	
e. Safety	
<b>MATERIALS, USES, AND SPECIFICATIONS</b>	
a. Materials (Code Chapter 3)	6
b. Joints and Cleanouts (Code Chapter 4)	
c. Hangers and Supports (Code Chapter 8)	
<b>TRAPS, INTERCEPTORS, AND BACKWATER VALVES</b>	
a. Traps and Cleanouts (Code Chapter 5)	4
b. Interceptors (Code Chapter 6)	
<b>PLUMBING FIXTURES, FIXTURE FITTINGS, AND PLUMBING APPLIANCES</b>	4
a. Plumbing Fixtures, Fixture Fittings, and Appliances (Code Chapter 7)	
<b>WATER SUPPLY SYSTEMS</b>	
a. Water Supply and Distribution (Code Chapter 10)	8
b. Potable Water Supply Systems (Code Chapter 17)	
<b>BACKFLOW PREVENTION</b>	10
<b>DRAIN, WASTE, AND VENT SYSTEMS</b>	
a. Indirect Waste Piping and Special Waste (Code Chapter 9)	13
b. Sanitary Drainage Systems (Code Chapter 11)	
c. Vents and Venting (Code Chapter 12)	
d. Storm Drains (Code Chapter 13)	
<b>SPECIAL TOPICS</b>	
a. Medical Care Facility Plumbing (Code Chapter 14)	3
b. Mobile Home and Travel Trailer Park Plumbing (Code Chapter 18)	
<b>GAS APPLIANCES AND PIPING</b>	
a. NFPA54	40
<b>PLUMBING MATHEMATICS</b>	7

## REFERENCE LIST

This examination is OPEN BOOK.

The following reference materials are allowed in the examination center:

- National Standard Plumbing Code, 2003, Plumbing-Heating-Cooling Contractors - National Association, 180 S. Washington Street, PO Box 6808, Falls Church, VA 22046, (800) 533-7694, <http://www.phccweb.org/technical/code.cfm>
- NFPA 54 - National Fuel Gas Code, 2002, National Fire Protection Association (NFPA), 1 Batterymarch Park, Quincy, MA 02169, (800) 344-3555, [www.nfpa.org](http://www.nfpa.org)
- Mathematics for Plumbers and Pipefitters*, 7th Edition, 2007, Delmar/Thomson Learning, (800) 347-7707, [www.delmarlearning.com](http://www.delmarlearning.com), ISBN 1428304614

- Any standard backflow text
- Code of Federal Regulations Title 29, Part 1926 (OSHA), 2004, Superintendent of Documents, PO Box 371954, Pittsburgh, PA 15250-7954, (888) 293-6498, <http://bookstore.gpo.gov>  
---OR---
- PSI OSHA Excerpts, 2003, PSI, 3210 E Tropicana, Las Vegas, NV 89121, (800) 733-9267, [www.psiexams.com](http://www.psiexams.com) (see order form at the end of this bulletin)

Reference books may be highlighted, underlined, and/or indexed. They must be otherwise unmarked (not written in) and may not contain additional papers (loose or attached). **THESE REFERENCES WILL NOT BE AVAILABLE IN THE TEST CENTER.** An information sheet with frequently used weights and measures will be provided at the test center.

## Journey Plumber/Gas Fitter Content Outline

# of Questions	% Required to Pass	Time Allowed
100	75%	240 minutes

## CONTENT OUTLINE

Topic Information	# of Items
<b>PLUMBING FUNDAMENTALS AND SAFETY</b>	
a. Basic Principles (Code Intro)	8
b. Definitions (Code Chapter 1)	
c. General Regulations (Code Chapter 2)	
d. Tests and Maintenance (Code Chapter 15)	
e. Safety	
<b>MATERIALS, USES, AND SPECIFICATIONS</b>	
a. Materials (Code Chapter 3)	6
b. Joints and Cleanouts (Code Chapter 4)	
c. Hangers and Supports (Code Chapter 8)	
<b>TRAPS, INTERCEPTORS, AND BACKWATER VALVES</b>	
a. Traps and Cleanouts (Code Chapter 5)	4
b. Interceptors (Code Chapter 6)	
<b>PLUMBING FIXTURES, FIXTURE FITTINGS, AND PLUMBING APPLIANCES</b>	4
a. Plumbing Fixtures, Fixture Fittings, and Appliances (Code Chapter 7)	
<b>WATER SUPPLY SYSTEMS</b>	
a. Water Supply and Distribution (Code Chapter 10)	8
b. Potable Water Supply Systems (Code Chapter 17)	
<b>BACKFLOW PREVENTION</b>	10
<b>DRAIN, WASTE, AND VENT SYSTEMS</b>	
a. Indirect Waste Piping and Special Waste (Code Chapter 9)	13
b. Sanitary Drainage Systems (Code Chapter 11)	
c. Vents and Venting (Code Chapter 12)	
d. Storm Drains (Code Chapter 13)	
<b>GAS APPLIANCES AND PIPING</b>	
a. NFPA54	40
<b>PLUMBING MATHEMATICS</b>	7

**REFERENCE LIST**

This examination is OPEN BOOK.

The following reference materials are allowed in the examination center:

- National Standard Plumbing Code, 2003, Plumbing-Heating-Cooling Contractors - National Association, 180 S. Washington Street, PO Box 6808, Falls Church, VA 22046, (800) 533-7694, <http://www.phccweb.org/technical/code.cfm>
- NFPA 54 - National Fuel Gas Code, 2002, National Fire Protection Association (NFPA), 1 Batterymarch Park, Quincy, MA 02169, (800) 344-3555, [www.nfpa.org](http://www.nfpa.org)
- *Mathematics for Plumbers and Pipefitters*, 7th Edition, 2007, Delmar/Thomson Learning, (800) 347-7707, [www.delmarlearning.com](http://www.delmarlearning.com), ISBN 1428304614
- Any standard backflow text
- Code of Federal Regulations Title 29, Part 1926 (OSHA), 2004, Superintendent of Documents, PO Box 371954, Pittsburgh, PA 15250-7954, (888) 293-6498, <http://bookstore.gpo.gov>  
---OR---
- PSI OSHA Excerpts, 2003, PSI, 3210 E Tropicana, Las Vegas, NV 89121, (800) 733-9267, [www.psiexams.com](http://www.psiexams.com) (see order form at the end of this bulletin)

Reference books may be highlighted, underlined, and/or indexed. They must be otherwise unmarked (not written in) and may not contain additional papers (loose or attached). **THESE REFERENCES WILL NOT BE AVAILABLE IN THE TEST CENTER.** An information sheet with frequently used weights and measures will be provided at the test center.

**Master Natural Gas Fitter Content Outline**

# of Questions	% Required to Pass	Time Allowed
40	70%	90 minutes

**CONTENT OUTLINE**

Topic Information	# of Items
GENERAL PIPING	15
PIPE SIZING/MATH	10
CHIMNEY AND FLUES	5
COMBUSTION	5
APPLIANCES	5

**REFERENCE LIST**

This examination is OPEN BOOK.

The following reference materials are allowed in the examination center:

- *Mathematics for Plumbers and Pipefitters*, 7th Edition, 2007, Delmar/Thomson Learning, (800) 347-7707, [www.delmarlearning.com](http://www.delmarlearning.com), ISBN 1428304614
- NFPA 54 - National Fuel Gas Code, 2002, National Fire Protection Association (NFPA), 1 Batterymarch Park, Quincy, MA 02169, (800) 344-3555, [www.nfpa.org](http://www.nfpa.org)
- *NFPA 58 - Liquefied Petroleum Gas Code*, 2004, National Fire Protection Association (NFPA), (800) 344-3555, [www.nfpa.org](http://www.nfpa.org)
- *The Pipe Fitters and Pipe Welders Handbook - Revised Edition*, Thomas Frankland, 1984, McGraw-Hill, (800) 262-4729, [www.books.mcgraw-hill.com](http://www.books.mcgraw-hill.com), ISBN 0-02-802500-8

Note: either MATHP04 or Pipe Fitters can be used as general reference for math items

Reference books may be highlighted, underlined, and/or indexed. They must be otherwise unmarked (not written in) and may not contain additional papers (loose or attached). **THESE REFERENCES WILL NOT BE AVAILABLE IN THE TEST CENTER.** An information sheet with frequently used weights and measures will be provided at the test center.

**Journey Natural Gas Fitter Content Outline**

# of Questions	% Required to Pass	Time Allowed
40	70%	90 minutes

**CONTENT OUTLINE**

Topic Information	# of Items
GENERAL PIPING	15
PIPE SIZING/MATH	10
CHIMNEY AND FLUES	5
COMBUSTION	5
APPLIANCES	5

**REFERENCE LIST**

This examination is OPEN BOOK.

The following reference materials are allowed in the examination center:

- *Mathematics for Plumbers and Pipefitters*, 7th Edition, 2007, Delmar/Thomson Learning, (800) 347-7707, [www.delmarlearning.com](http://www.delmarlearning.com), ISBN 1428304614
- NFPA 54 - National Fuel Gas Code, 2002, National Fire Protection Association (NFPA), 1 Batterymarch Park, Quincy, MA 02169, (800) 344-3555, [www.nfpa.org](http://www.nfpa.org)
- *NFPA 58 - Liquefied Petroleum Gas Code*, 2004, National Fire Protection Association (NFPA), (800) 344-3555, [www.nfpa.org](http://www.nfpa.org)

- *The Pipe Fitters and Pipe Welders Handbook - Revised Edition*, Thomas Frankland, 1984, McGraw-Hill, (800) 262-4729, [www.books.mcgraw-hill.com](http://www.books.mcgraw-hill.com), ISBN 0-02-802500-8

Note: either MATHP04 or Pipe Fitters can be used as general reference for math items

Reference books may be highlighted, underlined, and/or indexed. They must be otherwise unmarked (not written in) and may not contain additional papers (loose or attached). **THESE REFERENCES WILL NOT BE AVAILABLE IN THE TEST CENTER.** An information sheet with frequently used weights and measures will be provided at the test center.

## Sample Questions

The following questions are offered as examples of the **type** of questions you will be asked on the examination. The examples do not represent the full range of content or difficulty levels found in the actual examinations. They are intended to familiarize you with the types of questions you can expect to find in the examinations. (The answer key is found after the question H.)

- A. Every plumbing fixture that is directly connected to the drainage system **MUST** have
1. a liquid seal trap.
  2. a vent terminal.
  3. an air gap.
  4. an overflow.
- B. Which of the following is an acceptable trap?
1. p-trap.
  2. bell trap.
  3. drum trap.
  4. crown vented trap.
- C. The **MINIMUM** size of a sink waste outflow is
1. 1 inch.
  2. 1 ½ inches.
  3. 2 inches.
  4. 3 ½ inches.
- D. Horizontal copper tube with a 1 ½ -inch diameter must be supported at intervals of **AT LEAST**
1. 5 feet.
  2. 6 feet.
  3. 8 feet.
  4. 10 feet.
- E. The load in fixture units for a clothes washer in a public laundromat is
1. 2
  2. 3
  3. 4
  4. 6
- F. A building with a basement **MUST** have
1. a sub-soil drain.
  2. a sump pump.
  3. a storm drain.
  4. window well drains.

- G. The one-cubic-foot hand revolves once in 84 seconds. Gas is passing through the meter at how many cubic feet per hour?
1. 21
  2. 40
  3. 43
  4. 86
- H. The inside of a tank is 8 feet long, 4 ½ feet wide, and 6 feet deep. How many gallons of water will it hold?
1. 269.28
  2. 1,436.16
  3. 1,615.68
  4. 1,799.28

Answer Key	
A.	1
B.	1
C.	2
D.	4
E.	3
F.	1
G.	3
H.	3

## Fees

Payment of the application/exam registration fee is valid for one examination only. Fees are not refundable and are not transferable.

- Master Plumber/Gas Fitter Examination ..... \$65
- Journey Plumber/Gas Fitter Examination ..... \$65
- Master Natural Gas Fitter Examination ..... \$65
- Journey Natural Gas Fitter Examination..... \$65

Payment can be made by money order, certified check, or cashier's check made payable to PSI. Cash, personal checks, or company checks are not accepted.

Include your name and/or Social Security Number on your certified check or cashier's check or money order to ensure that your fee is properly assigned.

## Social Security Number Confidentiality

PSI will use your social security number only as an identification number in maintaining your record and reporting your scores to the Department. A recently adopted federal law requires state agencies to collect and record social security numbers on all licenses. If you elect not to disclose your Social Security Number to PSI, please enclose a separate letter with your examination registration form. You must provide it to the Department to be licensed.

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## **SCHEDULING PROCEDURES**

### **Confirmation Notice**

Upon approval of your application packet, PSI will confirm your eligibility to take the examination by mailing you a confirmation notice which authorizes you to call to make a test appointment. The confirmation notice will refer to your 90-day registration expiration period and specify your exact expiration date. It is your responsibility to call PSI to schedule your examination within this 90-day period, which begins on the day PSI approves your application packet and mails your confirmation notice.

### **90-Day Registration Period**

Your application/examination registration is valid for ONE examination only. You must take that exam within 90 days or forfeit the registration fee.

The 90-day registration period is intended to accommodate emergencies that may arise soon after registering for an exam as well as to provide sufficient time in consideration of test center availability and candidate preferences. It is **advisable that you schedule your appointment soon after receiving your confirmation notice.**

If you do not schedule and take your examination on or before the last business day prior to the expiration date specified on your confirmation notice, you must re-register and submit another full registration fee in order to take the examination. For example, if your expiration date is a weekend or other non-testing day, you must schedule and take your examination on or before the last business day prior to the 90<sup>th</sup> day. (Test center closings due to inclement weather or other such circumstances are the only exceptions.)

Circumstances which would invalidate your examination registration, which are discussed in detail later in this section of the bulletin and also presented on your confirmation notice, include the following: failure to cancel your scheduled test appointment two days before the scheduled test date; failure to appear for your examination appointment; arriving too late to begin your examination without disrupting the test center schedule; or not presenting the required identification when you arrive for your scheduled examination.

### **Scheduling an Appointment**

After you have received the confirmation notice of PSI's acceptance of your application packet, you are responsible for calling PSI to schedule an appointment to take the examination. PSI will make every effort to schedule the test center location and time that is most convenient for you. To schedule your examination call PSI at 1-800-733-9267, Monday through Friday, between 7:30 am and 8:00 pm and Saturday, between 11:00 am and 5:00 pm, Eastern Time. If space is available in the test center of your choice, you may

schedule an examination up to one day prior to the examination date of your choice. Please be prepared to offer alternative test appointment choices.

### **Canceling or Rescheduling an Appointment**

You may cancel and reschedule an appointment without forfeiting your fee if your *notice is received two days before the scheduled testing date*. You may call PSI at (800-733-9267). Be aware of the remainder of your 90-day expiration period and remember to reschedule and take the exam during that time. (Your Registration Confirmation Notice will also include these instructions.)

### **Missed Appointment or Late Cancellation**

Your registration will be invalid, you will not be able to take the test as scheduled, and you will forfeit your examination fee, if you:

- Do not schedule and take your examination prior to the last business day of the 90-day registration expiration period; or
- Do not cancel your appointment two days before the schedule testing date; or
- Do not appear for your examination appointment; or
- Arrive too late to begin your test without disrupting the center's schedule; or
- Do not present proper identification when you arrive for the examination.

### **Special Testing Arrangements**

All exam centers are equipped to provide access in accordance with the Americans with Disabilities Act (ADA) of 1990. Applicants with disabilities or those who would otherwise have difficulty in taking the examination must contact PSI to make alternative arrangements. Every reasonable accommodation will be made in meeting a candidate's needs. Requests for any special accommodations must be submitted with the registration form. Candidates must specify the accommodation requested and provide supporting material from a licensed professional, documenting that the requested accommodation is needed. All requests for special arrangements must be provided in accordance with item 10 on the examination registration form.

### **Emergency Test Center Closing**

In the event that inclement weather or other emergencies force the closure of a test center on an assigned test date, your examination will be rescheduled. You will be notified of the new date and time of the test. Every effort will be made to schedule a convenient time as soon as possible.

### **Re-registering for an Exam**

If you need to re-register for an exam due to an unsuccessful exam attempt, the expiration of your registration period, or

the invalidation of your registration for any reason, the following procedures apply:

You must complete and submit a new Examination Registration Form, with fee, to PSI. You do NOT need to resubmit either new originals or copies of your originally submitted Education Summary or Work Experience Log if you are reapplying for the same examination and your original application packet was submitted within the last 12 months.

**NOTE:** Applicants who have failed either the examination may not retake the examination until after 30 days have passed.

### **Express Re-registration**

Only candidates who have already received eligibility authorization from PSI and are retaking the same examination may re-register for an exam by phone (800-733-9267) or fax (702-932-2666) and make express payment using a MasterCard or VISA account. If you use this EXPRESS service, an additional fee of \$15 will be charged to your account, for a total of \$80. If you register by phone you may also schedule an appointment at the same time. However, you must immediately send an original Exam Registration Form to PSI. If PSI does not receive an original registration form, your score report will not be mailed. **NOTE: You may not take the examination more often than every 30 days.**

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## **REPORTING FOR THE EXAMINATION**

### **Testing Center Locations**

The following are the testing centers where you may take the Examinations.

#### **Baltimore Center:**

The Rotunda  
711 W. 40th Street, Suite 352  
Baltimore, MD 21211

From the Beltway I-695, take I-83 South (Jones Falls Expressway) to the Cold Spring Lane exit East. Turn left onto Cold Spring Lane. Turn right onto Fall Road (2<sup>nd</sup> light). Go about ½ mile to light at 41<sup>st</sup> St and turn left. Again, keep to the right-hand lane. At the light at the top of the hill at Roland Avenue, 41<sup>st</sup> Street will dogleg a little to the right and become 40<sup>th</sup> Street. The Rotunda is visible ahead to your right.

Parking and getting to the examination center: Turn into the first parking lot entrance near the Giant, but drive past the Giant and park in back in a white space. Come in the entrance that looks like a theatre entrance. Take the first elevators to your left to the 3<sup>rd</sup> floor. Turn right, then right again to 352

#### **College Park Center:**

The Sterling Building  
4920 Niagara Road, Suite 211  
College Park, MD 20740

From I-95 North/Beltway, take Exit 25/Route 1 toward College Park. Continue straight across Route 1 onto Edgewood Road. Look for the two-way Rhode Island Service Road. Rhode Island Service Road is on

the left. Turn left at the end of the island and proceed down Rhode Island Service Rd (Rhode Island Service Road runs into Niagara Road). You will see the Sterling Building ahead. Park in the appropriately marked spaces.

From I-95 South take Exit 25. Stay in the left turn lane and make a left at the next light which is Edgewood Road. Look for the two-way Rhode Island Service Road. Rhode Island Service Road is on the left. Turn left at the end of the island and proceed down Rhode Island Service Rd (Rhode Island Service Road runs into Niagara Road). You will see the Sterling Building ahead. Park in the appropriately marked spaces.

#### **Crofton Center**

Morauer III Building  
2137 Espey Court, Suite 3  
Crofton, MD 21114

From the Defense Highway 450, take the Priest Bridge Rd exit going South. Turn right on Espey Court.

From the Washington Beltway, take 50 East to 3 North. Turn right on Defense Highway 450, take the Priest Bridge Rd exit going South. Turn right on Espey Court.

#### **Hagerstown Center:**

Westshire Professional Center  
920 West Washington Street, #204  
Hagerstown, MD 21740

From I-70, take I-81 North, take Exit 6 (Route 40) east (Washington Avenue). Turn right at Devonshire (3rd light). The building is at the end of the block, on the left. *Building is an old school house.* Parking is available in the front parking lot. Enter at D2.

#### **Lanham Center:**

5900 Princess Garden Pkwy  
Suite 240  
Lanham, MD 20706

Take the 20B-A/Annapolis Road Exit towards Lanham. Take Princess Garden Parkway exit. Turn left, following Princess Garden Parkway exit, veer into far right lane. Turn right on Princess Garden Parkway - turn left at first driveway.

#### **Salisbury Center:**

1323 Mt. Hermon Road  
Beaglin Park Plaza, Suite 2A  
Salisbury, MD 21804

From Rt 50 E, take 50 Business thru Salisbury. Turn right onto Beaglin Park Dr. Turn left onto Mt Hermon Road. Take the first left into Beaglin Park Plaza Complex. Look for Building 2.

From Rt 13S, take 13 S Norfolk exit. Take 50 Business exit and turn left onto Beaglin Park Dr. Turn left onto Mt Hermon Rd. Take the first left into Beaglin Park Plaza Complex. Look for Building 2.

From Rt 13N, take Rt 50/Salisbury Business exit. Turn left onto Beaglin Park Dr. Turn left onto Mt Hermon Rd. Take the first left into Beaglin Park Plaza Complex. Look for Building 2.

### **Reporting to the Test Center**

On the day of the exam, you should arrive at least 30 minutes before your scheduled appointment. Although the actual time allowed to take the test is 4 hours, plan to spend 4½ hours at the test center. This extra time is for sign-in and identification and to familiarize you with the test process.

### **Required Identification**

You must provide two (2) forms of identification. One must be a VALID form of government-issued identification (Driver's

License, State ID, Passport, Military ID) which bears your signature and has your photograph or a complete physical description. The second ID must have your signature and preprinted legal name. All identification provided must match the name on the registration form and your education certification.

If you cannot provide the required identification, you must call (800) 733-9267 at least 3 weeks prior to your scheduled appointment to arrange a way to meet this security requirement. *Failure to provide all the required identification at the time of the examination without notifying PSI is considered a missed appointment and you will not be able to take the examination at that time.*

## Security Procedures

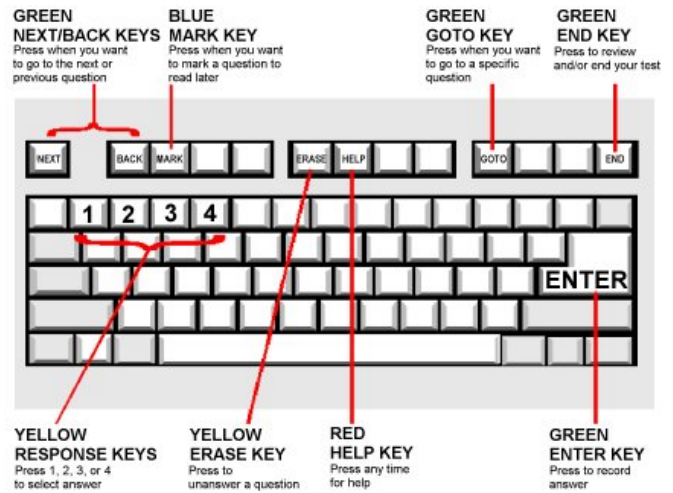
The following security procedures will apply during the examination:

- Cell phones, pagers, and children are not allowed in the examination center. **NO personal items are to enter the testing center.** PSI will not be responsible for any personal items and suggests that you leave them locked in the trunk of your car.
- Only non-programmable calculators that are silent, battery-operated, do not have paper tape printing capabilities, and do not have a keyboard containing the alphabet will be permitted.
- No smoking, eating, or drinking are allowed in the examination center.
- Copying or communicating examination content is a violation of security regulations. Either one may result in disqualification of examination results and may lead to legal action under copyright laws.

## TAKING THE EXAMINATION

Upon completion of your identification processing, you will be directed to a semiprivate computer testing station to take the exam. When you are seated at the testing station, you will be prompted as shown below to confirm your name, identification number, and the examination for which you are registered.

Taking the PSI examination by computer is simple. You do not need any computer experience or typing skill. You will use fewer keys than you use on a touch-tone telephone. You may also use the mouse.

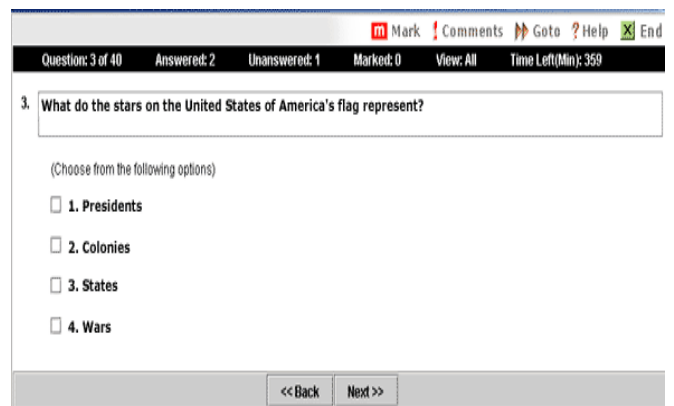


Before you start your exam, an introductory tutorial to the computer and keyboard is provided on screen. The time you spend on this introduction will **NOT** count as part of your exam time. You may plan to spend approximately 15 minutes with the tutorial; additional tutorial time is allowed if required.

Sample questions are included as part of the tutorial so that you may practice using the keys, answering questions, and reviewing your answers.

During the examination, the minutes remaining will be displayed at the bottom of the screen and updated as you record your answers.

A sample question display follows. During the examination, you would press 1, 2, 3, or 4 to select your answer or press ? to mark it for later review. You would then press ENTER to record your answer and move on to the next question. You can change your answer as often as you like.



Once you have responded to the last question in the examination, if you have time remaining you can review all of the questions in the examination, review only those questions which you marked for review, or end your examination and see your results immediately. During the review options, you may change your answers. The review options may be repeated as time allows.

## **Score Reporting**

Your passing or failing indication will appear immediately on the computer screen at the end of your test. Within two business days of your exam, a printed score report will be placed in the mail to you. Exam results are confidential and will be revealed only to you and the Board/Department.

Passing candidates will receive a score report form which becomes the official application for licensure/certification. Failing candidates will receive results as an overall pass/fail indication.

If you do not pass, you may submit a new registration form to PSI with the appropriate fee and schedule a new appointment to retake the exam. **YOU MAY NOT TAKE THE EXAMINATION MORE OFTEN THAN EVERY 30 DAYS.**

## **Pretest Items**

In addition to the number of questions per examination, a small number of five to ten "pretest" questions may be administered to candidates during the examinations. These questions will not be scored and the time taken to answer them will not count against examination time. The administration of such non-scored experimental questions is an essential step in developing future licensing examinations.

## **Examination Review**

Failing candidates will have the option of reviewing their examinations in a secure environment. Candidates will be provided with a copy of the items that the candidate missed on the examination, along with the candidate's answer. The candidate will have the opportunity to comment on any matter that he/she wishes to bring to the Board's attention. The candidate's comments, together with a copy of the item, will be submitted directly to the Board. The Board will review the candidate's comments and make a determination as to the validity of the candidate's comments. You must wait 30 days after your review if you wish to retake the examination.

Standard examination security practices will be followed throughout this procedure. You may not take any notes out of the review sessions. Call the 800-733-9267 for details.

## **Duplicate Score Reports**

You can write to PSI to request a duplicate of your score report for up to one year after your examination. The fee for a duplicate copy of your score report is \$15.

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# **LICENSE APPLICATION**

## **License Application Instructions**

Passers will NOT receive any additional notices from PSI. They will receive a registration card that is used in

conjunction with electronic filing for the actual license from DLLR.

Questions regarding the license application should be directed to the State Board of Plumbing at 410-230-6164. *Do not contact PSI.*

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## **INSTRUCTIONS AND FORMS**

Please follow the instructions in this section carefully!

### **Experience Certification Forms**

The forms to be used to verify the required employment for the Examinations are found at the back of this bulletin. These pages may be photocopied for the submission of additional experience information. Original pages must be submitted with your examination registration form.

### **Exam Registration Form**

Be sure that the registration form is complete, accurate, and signed and that you include all attachments and the correct fee. Detailed instructions on completing the form are provided below. Improperly completed forms will be returned to you unprocessed.

1. **Name** - Print your name in the boxes provided, using one box per letter. If your name is longer than the boxes allow, print as many letters as possible.
2. **Social Security Number** - Your Social Security Number is used for identification purposes only. Print only one number per box.
3. **Mailing Address** - Print only one letter or number per box. Do not include punctuation marks; leave blank spaces to show spaces. All information will be sent to the address you provide here. Do not use a PO Box unless it is accompanied by a rural delivery route number. Indicate home or work address with an "X".
4. **Email Address** - Please provide your email address on the line provided.
5. **Telephone Numbers** - Provide both home and office phone numbers (including area codes).
6. **Birth Date/Birth Place** - Provide your date of birth (e.g. "06-01-50" for June 1, 1950). Provide the city and state of your birth.
7. **Gender** - Place an "X" in the appropriate box.
8. **Exam** - Place an "X" in the box indicating the exam for which you are registering. Then, indicate whether you are taking this exam for the first time by placing an "X" in the appropriate box and providing a test date, if appropriate.
9. **Certificate Number** - Provide Apprentice or Journey Certificate Number and date issued, as appropriate.

10. Fee - Indicate with an "X" the registration fee for the exam that applies to you. Be sure that the amount matches the payment amount.

(NOTE: Eligible (approved) candidates who are retaking or rescheduling the examination and who are using EXPRESS registration can complete the credit card payment information if desired. MasterCard and VISA credit card accounts are accepted.)

Fees and not refundable and are not transferable.

11. Special Arrangements Request - Applicants with disabilities or those who would otherwise have difficulty taking the exam must specify the alternative arrangements requested.

12. Current or Prior License - Check the appropriate box to indicate whether or not you currently hold or have ever held a Maryland plumber's license. If yes, indicate date, classification, and registration number and enclose a copy of the license.

13. Required Information - All applicants must answer all six questions by indicating either "yes" or "no" with an "X". Applicants who answer "Yes" to Parts Questions 3, 4, and 5, must follow the procedures below:

a. Send their application/Registration form without money to the State Board of Plumbing at 500 N Calvert St., Baltimore, MD 21202, and not to PSI.

b. The applicant is required to include with their application package:

- (1) a copy of the final order of action in cases of a license denial, suspension or revocation, from the jurisdiction where the action occurred;
- (2) a letter in their own words what had occurred;
- (3) letters of reference are encouraged to show the applicants present employment activities and character.

c. In cases of a conviction of a drug offense, felony or misdemeanor that is directly related to the fitness and qualification of the applicant to provide the services for which he or she is applying, they are also to include

- (1) a "true test copy" of the court docket where the action was heard;
- (2) a letter in their own words outlining what actually happened, their current status as it relates to the case, and what they have done since the occurrence to turn things around;
- (3) a letter from their parole/probation officer outlining their current status and probable date of completion, if the applicant is still on parole or probation;
- (4) letters of reference are encouraged from current employers, ministers, and other persons who may be able to speak to the character of

the applicant and changes in lifestyle since the conviction.

The applicant will be notified by the Board as to the acceptance of their application package. If it is accepted and approved, it will be forwarded to PSI, who would notify the applicant of the amount due for the examination.

14. Affidavit and Signature - All applicants are required to read the affidavit, then sign and date the application as on a check or legal document. The application is not complete and will not be accepted if it is submitted without your signature.

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### Following is a list of course providers for Natural Gas Fitters

Maryland Association of Plumbing-Heating-Cooling Contractors  
10176 Baltimore National Pike, Suite 205  
Ellicott City, Maryland 21042  
Contact: Diane Kastner  
Phone: 410-461-5977 or 1-800-723-4900

S&S Training, Inc.  
(successor to BGE Training School)  
Baltimore, Maryland  
Contact: William Savage Phone: 410-852-7093  
Contact: Jim Schmidt Phone 410-491-5494

Plumbers and Pipefitters Apprenticeship  
8509 Ardwick-Ardmore Road  
Landover, Maryland 20785  
Contact: Thomas A. Chaisson  
Phone: 301-322-8810 Fax: 301-322-5263

Plumbers and Steamfitters Local 486 Training School  
1201 66<sup>th</sup> Street  
Baltimore, Maryland 21237-2570  
Contact: Allen B. Clinedinst, III  
Phone: 410-866-5313 Fax: 410-866-3954

Plumbers and Pipefitters Local 489  
2 Park Street  
Cumberland, Maryland 21502  
Contact: Robert E. Engelbach, Jr.  
Phone: 301-722-8515 Fax: 301-759-4168

Washington D.C. Joint Apprenticeship Committee  
8421 Ardwick-Ardmore Road  
Landover, Maryland 20785  
Contact: Mr. Bernard Thornberg  
Phone: 301-341-1555 Fax: 301-386-3271

Plumbers and Pipefitters U.A. Local Union 782 JATC  
1049 South Dual Highway  
Seaford, Delaware 19973  
Phone: 302-629-3521 Fax: 302-628-0782

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## **CHECKLIST FOR YOUR APPLICATION**

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In order to be considered complete, your application packet for the Master or Journey Plumber/Gas Fitter Examination MUST contain the following items:

- Completed Experience Certification Form(s)
- Proof of successful completion of a 32-hour course in Backflow Prevention Device Testing with any required supporting documentation or a letter of verification (DOES NOT APPLY TO NATURAL GAS FITTERS)
- Completed and SIGNED Registration Form
- Evidence of certified approved school study (if applicable)
- Explanatory information, as appropriate
- A money order, certified check, or cashier's check for the examination fee made out to PSI. Cash and personal or company checks are not accepted.

NOTE: All required information and certifications must be original and must be furnished by the applicant with the application for examination.



**11. Special Arrangements Requests:**A letter is required for all special arrangements requests. See instructions in the Information Bulletin.

I am enclosing a Special Arrangement Request Letter  Yes  No

I am enclosing the required supporting documentation  Yes  No

**12. Current or Prior License:** Do you now or have you ever held a Maryland Plumber License?  Yes  No

If yes, provide date of original issue, license state, and registration number below and enclose a copy of the current/former license.

\_\_\_\_\_ Date \_\_\_\_\_ Classification \_\_\_\_\_ Registration Number

Copy of current/former license is attached  Yes  No

**13. ALL applicants must answer the following six questions.**

- |   | Yes                      | No                       |     |
|---|--------------------------|--------------------------|-----|
| • I am 18 years of age or older .....   | <input type="checkbox"/> | <input type="checkbox"/> | (a) |
| • Are you now or have ever been state licensed or certified as a plumber in this state.....<br>or any other state or the District of Columbia?<br>If yes, enter name of state or District and the year: _____ | <input type="checkbox"/> | <input type="checkbox"/> | (h) |
| • Have you ever been convicted of a plumbing violation? .....   | <input type="checkbox"/> | <input type="checkbox"/> | (e) |
| If yes, give particulars on a separate sheet of paper and attach it.  |                          |                          |     |
| • Have you ever been convicted of or received probation before judgement for any drug offense .....   | <input type="checkbox"/> | <input type="checkbox"/> | (f) |
| committed after January 1, 1991?  |                          |                          |     |
| • Have you ever been convicted of, pleaded guilty to, or entered a plea of <i>nolo contendere</i> to .....  | <input type="checkbox"/> | <input type="checkbox"/> | (g) |
| a misdemeanor involving moral turpitude (lying, cheating, stealing) or any felony in any<br>jurisdiction?   |                          |                          |     |
| • Are you a Maryland resident? .....  | <input type="checkbox"/> | <input type="checkbox"/> | (d) |

For Internal Use Only

**14. Affidavit/Signature**

*If the address of this registration is not within the State of Maryland, I do hereby irrevocably consent that suits and actions may be commenced against me in the proper courts of the State of Maryland as provided by the Annotated Code.*

*I hereby certify that the information provided on both sides of this registration and in the attached application forms is true and correct and the Maryland State Board of Master Electricians may rely on its truthfulness in considering this registration, and that this registration is signed and sworn to under penalty of perjury.*

**Sign Here** \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Complete and send this form, fee, applicable attachments, and your Experience Certification and evidence of Backflow Prevention course completion to:

PSI licensure:certification  
ATTN: Examination Registration MD PLUM  
3210 E Tropicana \* Las Vegas, NV \* 89121  
www.psiexams.com  
Phone: (800) 733-9267 FAX: (702) 932-2666

**REMEMBER TO SIGN THIS REGISTRATION FORM AND ENCLOSE ALL ATTACHMENTS**



**EMPLOYMENT CERTIFICATION  
FOR JOURNEY PLUMBER/GAS FITTER APPLICANTS**  
(to be completed by Master Plumber/Gas Fitter)

NOTE: If you have not been continuously employed by the same Master Plumber/Gas Fitter, a similar form must be completed for each employer indicating hours worked. (This page may be photocopied.)

**IMPORTANT NOTICE TO MASTER PLUMBER/GAS FITTER:  
INCLUDE ALL HOURS WORKED UNDER YOUR SUPERVISION.**

APPLICANT'S NAME: \_\_\_\_\_

FROM	TO	HOURS	HOURS
MONTH DAY YEAR	MONTH DAY YEAR	_____	_____
MONTH DAY YEAR	MONTH DAY YEAR	_____	_____
MONTH DAY YEAR	MONTH DAY YEAR	_____	_____
MONTH DAY YEAR	MONTH DAY YEAR	_____	_____
MONTH DAY YEAR	MONTH DAY YEAR	_____	_____
MONTH DAY YEAR	MONTH DAY YEAR	_____	_____
MONTH DAY YEAR	MONTH DAY YEAR	_____	_____
MONTH DAY YEAR	MONTH DAY YEAR	_____	_____

PSI Use only

SHOW HOURS WORKED EACH YEAR TOTAL \_\_\_\_\_

NAME OF MASTER PLUMBER/GAS FITTER \_\_\_\_\_

Company Name \_\_\_\_\_ TELEPHONE NO \_\_\_\_\_

Company Address \_\_\_\_\_  
STREET

CITY STATE ZIP CODE

I certify under penalty of perjury that the applicant named above serves as an apprentice plumber under my supervision for the time(s) indicated.

SIGNATURE OF MASTER PLUMBER/GAS FITTER \_\_\_\_\_

Date Signed \_\_\_\_\_

Master Plumber/Gas Fitter Registration No \_\_\_\_\_ No \_\_\_\_\_  
MARYLAND BALTO. CO.  
No \_\_\_\_\_ No \_\_\_\_\_  
W.S.S.C. OTHER

**EMPLOYMENT CERTIFICATION  
FOR JOURNEY PLUMBER/GAS FITTER APPLICANTS**  
(to be completed by Master Plumber/Gas Fitter)

NOTE: If you have not been continuously employed by the same Master Plumber, a similar form must be completed for each employer indicating hours worked. (This page may be photocopied.)

**IMPORTANT NOTICE TO MASTER PLUMBER/GAS FITTER:  
INCLUDE ALL HOURS WORKED UNDER YOUR SUPERVISION.**

APPLICANT'S NAME: \_\_\_\_\_

FROM	TO	HOURS	HOURS
MONTH DAY YEAR	MONTH DAY YEAR	_____	_____
MONTH DAY YEAR	MONTH DAY YEAR	_____	_____
MONTH DAY YEAR	MONTH DAY YEAR	_____	_____
MONTH DAY YEAR	MONTH DAY YEAR	_____	_____
MONTH DAY YEAR	MONTH DAY YEAR	_____	_____
MONTH DAY YEAR	MONTH DAY YEAR	_____	_____
MONTH DAY YEAR	MONTH DAY YEAR	_____	_____
MONTH DAY YEAR	MONTH DAY YEAR	_____	_____

PSI Use only

SHOW HOURS WORKED EACH YEAR TOTAL \_\_\_\_\_

NAME OF MASTER PLUMBER/GAS FITTER \_\_\_\_\_

Company Name \_\_\_\_\_ TELEPHONE NO \_\_\_\_\_

Company Address \_\_\_\_\_  
STREET

CITY STATE ZIP CODE

I certify under penalty of perjury that the applicant named above serves as an apprentice plumber under my supervision for the time(s) indicated.

SIGNATURE OF MASTER PLUMBER/GAS FITTER \_\_\_\_\_

Date Signed \_\_\_\_\_

Master Plumber/Gas Fitter Registration No \_\_\_\_\_ No \_\_\_\_\_  
MARYLAND BALTO. CO.  
No \_\_\_\_\_ No \_\_\_\_\_  
W.S.S.C. OTHER

**EMPLOYMENT CERTIFICATION  
FOR JOURNEY NATURAL GAS FITTER APPLICANTS**

(to be completed by Master Plumber/Gas Fitter or Master Natural Gas Fitter)

NOTE: If you have not been continuously employed by the same Master Plumber/Gas Fitter or Master Natural Gas Fitter, a similar form must be completed for each employer indicating hours worked. (This page may be photocopied.)

**IMPORTANT NOTICE TO MASTER PLUMBER/GAS FITTER or MASTER NATURAL GAS FITTER:**

INCLUDE ALL HOURS WORKED UNDER YOUR SUPERVISION.

APPLICANT'S NAME: \_\_\_\_\_

FROM	TO	HOURS	HOURS
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____

SHOW HOURS WORKED EACH YEAR TOTAL \_\_\_\_\_

NAME OF MASTER PLUMBER/GAS FITTER or MASTER NATURAL GAS FITTER \_\_\_\_\_

Company Name \_\_\_\_\_

TELEPHONE NO \_\_\_\_\_

Company Address \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

I certify under penalty of perjury that the applicant named above serves as an apprentice plumber under my supervision for the time(s) indicated.

Date Signed \_\_\_\_\_

SIGNATURE OF MASTER PLUMBER/GAS FITTER or MASTER NATURAL GAS FITTER \_\_\_\_\_

Master Plumber/Gas Fitter or Master Natural Gas Fitter Registration

No \_\_\_\_\_

MARYLAND

No \_\_\_\_\_

BALTO. CO.

No \_\_\_\_\_

W.S.S.C.

No \_\_\_\_\_

OTHER

**EMPLOYMENT CERTIFICATION  
FOR JOURNEY NATURAL GAS FITTER APPLICANTS**

(to be completed by Master Plumber/Gas Fitter or Master Natural Gas Fitter)

NOTE: If you have not been continuously employed by the same Master Plumber/Gas Fitter or Master Natural Gas Fitter, a similar form must be completed for each employer indicating hours worked. (This page may be photocopied.)

**IMPORTANT NOTICE TO MASTER PLUMBER/GAS FITTER or MASTER NATURAL GAS FITTER:**

INCLUDE ALL HOURS WORKED UNDER YOUR SUPERVISION.

APPLICANT'S NAME: \_\_\_\_\_

FROM	TO	HOURS	HOURS
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____

SHOW HOURS WORKED EACH YEAR TOTAL \_\_\_\_\_

NAME OF MASTER PLUMBER/GAS FITTER or MASTER NATURAL GAS FITTER \_\_\_\_\_

Company Name \_\_\_\_\_

TELEPHONE NO \_\_\_\_\_

Company Address \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

I certify under penalty of perjury that the applicant named above serves as an apprentice plumber under my supervision for the time(s) indicated.

Date Signed \_\_\_\_\_

SIGNATURE OF MASTER PLUMBER/GAS FITTER or MASTER NATURAL GAS FITTER \_\_\_\_\_

Master Plumber/Gas Fitter or Master Natural Gas Fitter Registration

No \_\_\_\_\_

MARYLAND

No \_\_\_\_\_

BALTO. CO.

No \_\_\_\_\_

W.S.S.C.

No \_\_\_\_\_

OTHER

**EMPLOYMENT CERTIFICATION  
FOR MASTER PLUMBER/GAS FITTER APPLICANTS**  
(to be completed by Master Plumber/Gas Fitter)

NOTE: If you have not been continuously employed by the same Master Plumber/Gas Fitter, a similar form must be completed for each employer indicating hours worked. (This page may be photocopied.)

APPLICANT'S NAME: \_\_\_\_\_

Served as journey plumber/gas fitter:

FROM	TO	HOURS	HOURS
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
SHOW HOURS WORKED EACH YEAR		TOTAL	_____

PSI Use only

NAME OF MASTER PLUMBER/GAS FITTER \_\_\_\_\_

Company Name \_\_\_\_\_

TELEPHONE NO \_\_\_\_\_

Company Address \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

I certify under penalty of perjury that the applicant named above serves as a journey plumber under my supervision for the time(s) indicated.

SIGNATURE OF MASTER PLUMBER/GAS FITTER \_\_\_\_\_

Date Signed \_\_\_\_\_

Master Plumber Registration No \_\_\_\_\_

\_\_\_\_\_ MARYLAND

No \_\_\_\_\_

W.S.S.C.

No \_\_\_\_\_

\_\_\_\_\_ BALTO. CO.

No \_\_\_\_\_

OTHER

**EMPLOYMENT CERTIFICATION  
FOR MASTER PLUMBER/GAS FITTER APPLICANTS**  
(to be completed by Master Plumber/Gas Fitter)

NOTE: If you have not been continuously employed by the same Master Plumber/Gas Fitter, a similar form must be completed for each employer indicating hours worked. (This page may be photocopied.)

APPLICANT'S NAME: \_\_\_\_\_

Served as journey plumber/gas fitter:

FROM	TO	HOURS	HOURS
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
SHOW HOURS WORKED EACH YEAR		TOTAL	_____

PSI Use only

NAME OF MASTER PLUMBER/GAS FITTER \_\_\_\_\_

Company Name \_\_\_\_\_

TELEPHONE NO \_\_\_\_\_

Company Address \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

I certify under penalty of perjury that the applicant named above serves a journey plumber under my supervision for the time(s) indicated.

SIGNATURE OF MASTER PLUMBER/GAS FITTER \_\_\_\_\_

Date Signed \_\_\_\_\_

Master Plumber Registration No \_\_\_\_\_

\_\_\_\_\_ MARYLAND

No \_\_\_\_\_

W.S.S.C.

No \_\_\_\_\_

\_\_\_\_\_ BALTO. CO.

No \_\_\_\_\_

OTHER

**EMPLOYMENT CERTIFICATION  
FOR MASTER NATURAL GAS FITTER APPLICANTS**

(to be completed by Master Plumber/Gas Fitter or MasterNatural Gas Fitter)

NOTE: If you have not been continuously employed by the same Master Plumber/Gas Fitter or Master Natural Gas Fitter, a silimar form must be completed for each employer indicating hours worked. (This page may be photocopied.)

APPLICANT'S NAME: \_\_\_\_\_

Served as master natural gas fitter:

FROM	TO	HOURS	HOURS
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
SHOW HOURS WORKED EACH YEAR TOTAL_____			PSI Use only

NAME OF MASTER PLUMBER/GAS FITTER or MASTER NATURAL GAS FITTER

Company Name \_\_\_\_\_

TELEPHONE NO \_\_\_\_\_

Company Address \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

I certify under penalty of perjury that the applicant named above serves as an apprentice journeyman under my supervision for the time(s) indicated.

Date Signed \_\_\_\_\_

SIGNATURE OF MASTER PLUMBER/GAS FITTER or MASTER NATURAL GAS FITTER

Master Plumber/Gas Fitter or Master Natural Gas Fitter Registration

No \_\_\_\_\_  
MARYLAND

No \_\_\_\_\_  
BALTO. CO.

No \_\_\_\_\_  
W.S.S.C.

No \_\_\_\_\_  
OTHER

**EMPLOYMENT CERTIFICATION  
FOR MASTER NATURAL GAS FITTER APPLICANTS**

(to be completed by Master Plumber/Gas Fitter or MasterNatural Gas Fitter)

NOTE: If you have not been continuously employed by the same Master Plumber/Gas Fitter or Master Natural Gas Fitter, a silimar form must be completed for each employer indicating hours worked. (This page may be photocopied.)

APPLICANT'S NAME: \_\_\_\_\_

Served as master natural gas fitter:

FROM	TO	HOURS	HOURS
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
_____ MONTH DAY YEAR	_____ MONTH DAY YEAR	_____	_____
SHOW HOURS WORKED EACH YEAR TOTAL_____			PSI Use only

NAME OF MASTER PLUMBER/GAS FITTER or MASTER NATURAL GAS FITTER

Company Name \_\_\_\_\_

TELEPHONE NO \_\_\_\_\_

Company Address \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

I certify under penalty of perjury that the applicant named above serves as an apprentice journeyman under my supervision for the time(s) indicated.

Date Signed \_\_\_\_\_

SIGNATURE OF MASTER PLUMBER/GAS FITTER or MASTER NATURAL GAS FITTER

Master Plumber/Gas Fitter or Master Natural Gas Fitter Registration

No \_\_\_\_\_  
MARYLAND

No \_\_\_\_\_  
BALTO. CO.

No \_\_\_\_\_  
W.S.S.C.

No \_\_\_\_\_  
OTHER

## BOOKS AND MORE ARE NOW AVAILABLE AT THE PSI ONLINE STORE!

To place an order for one or more of the following items listed, you may:

- Order online at [www.pSIONlinestore.com](http://www.pSIONlinestore.com)
- Call the PSI Online store toll-free at (866) 589-3088

Note: prices are available online at [www.pSIONlinestore.com](http://www.pSIONlinestore.com)

<input type="checkbox"/>	<u>29 CFR Part 1926 Selections</u>
<input type="checkbox"/>	<u>Mathematics for Plumbers and Pipefitters</u>

*Please note: Inventory and pricing subject to change without notice.*

- You may also place a checkmark next to the items that you would like to order, and mail or fax this form to PSI (be sure to include your contact information). A Customer Service Rep will call you to place the order.

Mail or FAX to:

PSI licensure:certification \*\* 3210 E Tropicana \* Las Vegas \* NV \* 89121 (Attn Shipping)  
Fax (702) 932-2668

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**MARYLAND PLUMBER/GAS FITTER**  
 Order Form for Reference Material  
 PLEASE PRINT LEGIBLY

ITEM	PRICE	QUANTITY	AMOUNT
			\$
			\$
			\$
			\$
<b>Subtotal</b>			\$
Combined Shipping, Handling & Sales Tax Fee -- 20% <i>(Please call us if your organization qualifies as tax-exempt.)</i>			\$ (\$7.50 minimum)
<b>TOTAL</b>			\$

Please send this form along with payment (Money Order / Check / Credit Card) to:

PSI licensure:certification  
 3210 E Tropicana \* Las Vegas \* NV \* 89121  
 Fax (702) 932-2668  
 ATTN: SHIPPING DEPARTMENT

Please check one:     AMEX     MC     VISA

Account No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Expiration Date \_\_\_\_\_ - \_\_\_\_\_

Name on Card (Print) \_\_\_\_\_    Signature \_\_\_\_\_

Card Verification No: \_\_\_\_\_    *For your security, PSI requires you to enter the card identification number located on your credit card. For MC/Visa cards, the card identification number is located on the back of the card and consists of the last three digits on the signature strip. For AMEX cards, the number is a 4-digit number printed on the front of your card. It appears after and to the right of your card number.*

Billing Address \_\_\_\_\_

City \_\_\_\_\_    State \_\_\_\_\_    Zip \_\_\_\_\_

Email Address \_\_\_\_\_

**SHIP TO ADDRESS IF DIFFERENT THAN ABOVE (UPS/FED EX DOES NOT SHIP TO P.O. BOXES)**

Name: \_\_\_\_\_

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

City \_\_\_\_\_    State \_\_\_\_\_    Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

**ALL SHIPMENTS WILL BE SHIPPED UPS GROUND. PLEASE ALLOW UP TO 2 WEEKS DELIVERY.**

EXPEDITED SHIPPING (COMBINED SHIPPING, HANDLING & SALES TAX FEE STILL APPLIES)

Charge Credit Card Listed Above   

FEDEX ACCOUNT #: \_\_\_\_\_

UPS ACCOUNT #: \_\_\_\_\_

Method (please check one):     Next Day Air     2-Day Air     3-Day

PSI licensure:certification  
3210 E TROPICANA  
LAS VEGAS, NV 89121

**FIRST CLASS MAIL**