



Before paying for your examination registration, be sure you understand the contents of this bulletin. Please retain and use it as a reference when contacting PSI.

PSI licensure:certification  
3210 E Tropicana  
Las Vegas, NV 89121  
[www.psiexams.com](http://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**  
**\*\*Prior PSI Approval Required for Examination\*\***

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## INTRODUCTION

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### MARYLAND STATE BOARD OF PLUMBING

The Maryland State Board of Plumbing (“Board”), 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.

### 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. For information concerning examinations, please 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 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 at 1-800-733-9267, 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.

### EXAMINATION APPLICATION PROCESS

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, certified check, personal check, or a company check must be submitted to PSI. Cash is not accepted. It is your responsibility to make sure that all forms are completed correctly and the correct fee is included.

Mail the forms and fees to:

|  |
|--|
| PSI licensure:certification<br>Attn: MD Plumber/Gas Fitter Examinations<br>3210 E Tropicana<br>Las Vegas, NV 89121 |
|--|

### 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 by the Board.



## 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) 230-6231 • FAX (410) 244-0977  
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 ("WSSC") 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 a non-expired, 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 examination are required to submit a non-expired, 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 a non-expired, approved 32-hour course in Backflow Prevention Device Testing.

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 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.**
8. All applicants for examination are required to submit a non-expired, approved 32-hour course in Backflow Prevention Device Testing.

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## REQUIREMENTS FOR THE MASTER NATURAL GAS FITTER EXAMINATION

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### 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. Applicant will be required to pass the written examination.

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

1. Must submit certification of approved work experience of four years as a licensed Apprentice Plumber or license of equal stature, totaling at least 7,500 hours of training in plumbing, under the direction and control of a licensed Master Plumber.
2. Up to 1,500 hours of accredited approved school study can be applied toward the 7,500-hour requirement.
3. All certifications of experience must be furnished by the applicant in original form with the application for examination.
4. Hours certified by secretaries, bookkeepers, or other office personnel will not be accepted.
5. **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.**

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## REQUIREMENTS FOR THE JOURNEY PLUMBER/GAS FITTER EXAMINATION

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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 the 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 period of four years as a licensed Apprentice Plumber, totaling at least 7,500 hours of training in plumbing services, under the direction and control of a licensed Maryland Master Plumber.

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.

6. 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.**
7. All applicants for examination are required to submit a non-expired, approved 32-hour course in Backflow Prevention Device Testing.

## REQUIREMENTS FOR THE JOURNEY NATURAL GAS FITTER EXAMINATION

1. 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.**

## 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.

## EXAMINATION CONTENT OUTLINES AND REFERENCE MATERIALS

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 | Minimum Passing Score | Time Allowed |
|----------------|-----------------------|--------------|
| 100            | 75%                   | 240 minutes  |

### CONTENT OUTLINE

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

|  |    |
|--|----|
| GAS APPLIANCES AND PIPING<br>a. NFPA54 | 40 |
| PLUMBING MATHEMATICS                   | 7  |

## JOURNEY PLUMBER/GAS FITTER CONTENT OUTLINE

| # of Questions | Minimum Passing Score | Time Allowed |
|----------------|-----------------------|--------------|
| 100            | 75%                   | 240 minutes  |

### REFERENCE MATERIAL

This examination is OPEN BOOK. Candidates may bring in reference books. However, no study guides are allowed. Reference books may be indexed, and may contain highlighted or underlined text. All materials must be unmarked (not written in) and may not contain additional papers (loose or attached).

**THIS REFERENCE WILL NOT BE PROVIDED AT THE TEST CENTER. THESE ARE THE ONLY REFERENCES ALLOWED IN THE TESTING ROOM.**

- **National Standard Plumbing Code Illustrated**, 2015, Plumbing-Heating-Cooling Contractors Association, 180 S. Washington Street, Falls Church, VA 22046, (800) 533-7694, <http://www.phccweb.org/Tools/content.cfm?ItemNumber=12450&ewebToken={token}&Site=PHCC>
- **NFPA 54 - National Fuel Gas Code**, 2015, National Fire Protection Association (NFPA), (800) 344-3555, [www.nfpa.org](http://www.nfpa.org).
- **Mathematics for Plumbers and Pipefitters**, Lee Smith, 8th Edition, 2013, [www.cengage.com](http://www.cengage.com)
- Any standard backflow text.
- **Code of Federal Regulations - 29 CFR Part 1926** (OSHA), with latest available amendments, U.S. Government Printing Office, (866) 512-1800 or [https://www.osha.gov/pls/oshaweb/owastand.display\\_standard\\_group?p\\_toc\\_level=1&p\\_part\\_number=1926](https://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_part_number=1926)  
OR  
**Code of Federal Regulations - 29 CFR Part 1926 Selections by PSI**, with latest available amendments, (866) 589-3088, [www.psionlinestore.com](http://www.psionlinestore.com) (See order form at the end of the Candidate Information Bulletin.)

You may tab your reference materials using the following acceptable tabs: Avery Swift Tabs Self-Adhesive Permanent Plastic Tabs; Redi-Tag Self-Stick Permanent Adhesive Index Tabs.

The following tabs are unacceptable: Post-It Index Flags; Post-It Flags.

**NO MATTER WHAT IS ON THE TAB PACKAGE, IF THE PSI PROCTOR IS ABLE TO REMOVE THE TABS WITHOUT RIPPING THE PAGE, YOU WILL NEED TO REMOVE THE TABS BEFORE YOU TAKE THE EXAM. DO NOT USE THE TABS THAT HAVE PAPER INSERTS. THE PAPER INSERTS WILL BE REMOVED.**

### CONTENT OUTLINE

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

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- **NFPA 54 - National Fuel Gas Code**, 2015, National Fire Protection Association (NFPA), (800) 344-3555, [www.nfpa.org](http://www.nfpa.org).
- **Mathematics for Plumbers and Pipefitters**, Lee Smith, 8th Edition, 2013, [www.cengage.com](http://www.cengage.com)
- Any standard backflow text.
- **Code of Federal Regulations - 29 CFR Part 1926** (OSHA), with latest available amendments, U.S. Government Printing Office, (866) 512-1800 or [https://www.osha.gov/pls/oshaweb/owastand.display\\_standard\\_group?p\\_toc\\_level=1&p\\_part\\_number=1926](https://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_part_number=1926)  
OR  
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**MASTER NATURAL GAS FITTER CONTENT OUTLINE**

| # of Questions | Minimum Passing Score | Time Allowed |
|----------------|-----------------------|--------------|
| 40             | 70%                   | 90 minutes   |

**CONTENT OUTLINE**

|                   |    |
|-------------------|----|
| GENERAL PIPING    | 15 |
| PIPE SIZING/MATH  | 10 |
| CHIMNEY AND FLUES | 5  |
| COMBUSTION        | 5  |
| APPLIANCES        | 5  |

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- **NFPA 54 - National Fuel Gas Code**, 2015, National Fire Protection Association (NFPA), (800) 344-3555, [www.nfpa.org](http://www.nfpa.org).
- **NFPA 58 - Liquefied Petroleum Gas Code**, 2014, 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, [www.amazon.com](http://www.amazon.com)

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

You may tab your reference materials using the following acceptable tabs: Avery Swift Tabs Self-Adhesive Permanent Plastic Tabs; Redi-Tag Self-Stick Permanent Adhesive Index Tabs.

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**JOURNEY NATURAL GAS FITTER CONTENT OUTLINE**

| # of Questions | Minimum Passing Score | Time Allowed |
|----------------|-----------------------|--------------|
| 40             | 70%                   | 90 minutes   |

**CONTENT OUTLINE**

|                   |    |
|-------------------|----|
| GENERAL PIPING    | 15 |
| PIPE SIZING/MATH  | 10 |
| CHIMNEY AND FLUES | 5  |
| COMBUSTION        | 5  |
| APPLIANCES        | 5  |



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

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## SAMPLE QUESTIONS

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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. 2
- F. 1
- G. 3
- H. 3



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## FEES

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Payment of the registration fee is valid for one examination only. Examination registration fees are not refundable and are not transferable. **Examination registration fees are valid for one year.**

| Examination                | Fee  |
|----------------------------|------|
| Master Plumber/ Gas Fitter | \$65 |
| Journey Plumber/Gas Fitter | \$65 |
| Master Natural Gas Fitter  | \$65 |
| Journey Natural Gas Fitter | \$25 |

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

Include your name and/or social security number on your check 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 records and reporting your grades to the Department. The Department requires all candidates to accurately disclose their Social Security number.

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## SCHEDULING PROCEDURES

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### CONFIRMATION NOTICE

Upon approval of your registration materials, 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. If you do not receive a confirmation notice within three weeks of sending your registration materials, call 1-800-733-9267 to confirm your status at PSI.

**Once approved, it is your responsibility to contact PSI to pay and schedule for the examination.**

### ON-LINE (WWW.PSIEXAMS.COM)

For the fastest and most convenient examination scheduling process, PSI recommends that you register for your examinations using the Internet. You register online by accessing PSI's registration website at [www.psiexams.com](http://www.psiexams.com). Internet registration is available 24 hours a day.

- Log onto PSI's website and create an account. Please enter your email address and first and last name. This information must match exactly with the information PSI has on file. Be sure to **check the box next to "Check here to attempt to locate existing records for you in the system"**.
- You will be asked to select the examination and enter your SS#. Your record will be found and you will now be ready to schedule for the exam. Enter your zip code and a list of the testing sites closest to you will appear. Once you select the desired test site, available dates will appear. If you have problems, contact PSI at (800) 733-9267 for help.

### TELEPHONE

For telephone registration, you will need a valid credit card (Visa, MasterCard, American Express or Discover).

PSI registrars are available at (800) 733-9267, Monday through Friday between 7:30 am and 10:00 pm, and Saturday-Sunday between 9:00 am and 5:30 pm, Eastern Time, to receive your payment and schedule your appointment for the examination.

### CANCELING OR RESCHEDULING AN APPOINTMENT

You may cancel and reschedule an examination appointment without forfeiting your fee if your cancellation notice is received 2 days before the scheduled examination date. For example, for a Monday appointment, the cancellation notice would need to be received on the previous Saturday. You may reschedule online at [www.psiexams.com](http://www.psiexams.com) or call PSI at (800) 733-9267.

**Note: A voice mail message is not an acceptable form of cancellation. Please use the PSI Website or call PSI and speak directly to a Customer Service Representative.**

### 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 cancel your appointment two days before the scheduled 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.

### EXAM ACCOMMODATIONS AND OUT-OF -STATE TESTING

All PSI examination centers are equipped to provide access in accordance with the Americans with Disabilities Act (ADA) of 1990, and exam accommodations will be made in meeting a candidate's needs. A candidate with a disability or a candidate who would otherwise have difficulty taking the examination must follow the instructions on the Exam Accommodations Request Form at the end of this Candidate Information Bulletin.

Additionally, PSI has examination centers in many other regions across the United States. You may take this examination at any of these locations. Once you have paid for the examination, enter your zip code and a list of the testing sites closest to you will appear.

### 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.



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## REPORTING FOR THE EXAMINATION

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### TESTING CENTER LOCATIONS

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

#### **BALTIMORE**

2622 Lord Baltimore Dr, Suite C-D  
Baltimore, MD 21244

*From I-695 N - Take exit 17 for Security Blvd toward Woodlawn. Keep left at the fork and merge into Security Blvd. Turn right onto Lord Baltimore Dr. At the traffic circle, continue straight to stay on Lord Baltimore Dr. At the next traffic circle, again stay straight to stay on Lord Baltimore Dr. A little over ½ mile later, the PSI test center will be on your left.*

*From I-695 S - Take exit 18 for MD-26/Liberty Rd toward Lochearn/Randallstown. Continue straight onto Lord Baltimore Dr, using the signs for MD-26/Lochearn). The PSI test center is roughly 1 ½ miles from here on the right.*

#### **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. Continue to the 4-way stop. Turn left onto Rhode Island Avenue. Turn left at the next road - Niagara Road. The Sterling Building is on the right. 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. Continue to the 4-way stop. Turn left onto Rhode Island Avenue. Turn left at the next road - Niagara Road. The Sterling Building is on the right. Park in the appropriately marked spaces.*

#### **CROFTON CENTER:**

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

*From 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:**

140 West Franklin Street, Suite A  
Hagerstown, MD 21740

*From I 70: Take exit 32B Hagerstown. This is US Route 40 west. Follow Route 40 for 4.1 miles to 140 W. Franklin Street. It is slightly past the intersection of Jonathan and Franklin. You must turn into the church parking lot on the right before you reach 140 W. Franklin Street.*

*From I 81: Take exit 6 US Route 40 east. Follow on Route 40 for 1.6 miles and turn left on to Jonathan Street. After one block turn*

*left on to Franklin Street. Stay right and enter the church parking lot. This will come up quickly on the right.*

*There are many parking spots reserved for PSI testing on the lot. You will then walk past the front of the church and into 140 W. Franklin Street, Suite A is on the ground floor. No steps required to enter.*

*There is one handicapped spot reserved for PSI on the lot at 140 W. Franklin Street near the entrance door. All other parking has to be on the church lot.*

#### **LANHAM CENTER:**

5900 Princess Garden Pkwy  
Suite 501  
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. 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:

- 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 allowed in the examination site.
- Candidates may take only approved items into the examination room.
- All personal belongings of candidates should be placed in the secure storage provided at each site prior to entering the examination room. Personal belongings **include, but are not limited to**, the following items:
  - **Electronic devices of any type, including cellular / mobile phones, recording devices, electronic watches, cameras, pagers, laptop computers, tablet computers (e.g., iPads), music players (e.g., iPods), smart watches, radios, or electronic games.**
  - **Bulky or loose clothing or coats** that could be used to conceal recording devices or notes. For security purposes outerwear such as, but not limited to: open sweaters, cardigans, shawls, scarves, hoodies, vests, jackets and coats are not permitted in the testing room. **In the event you are asked to remove the outerwear, appropriate attire, such as a shirt or blouse should be worn underneath.**
  - **Hats or headgear not worn for religious reasons** or as religious apparel, including hats, baseball caps, or visors.
  - **Other personal items**, including purses, notebooks, reference or reading material, briefcases, backpacks, wallets, pens, pencils, other writing devices, food, drinks, and good luck items.
- Person(s) accompanying an examination candidate may not wait in the examination center, inside the building or on the building's property. This applies to guests of any nature, including drivers, children, friends, family, colleagues or instructors.
- No smoking, eating, or drinking is allowed in the examination center.
- During the check in process, all candidates will be asked if they possess any prohibited items. Candidates may also be asked to empty their pockets and turn them out for the proctor to ensure they are empty. The proctor may also ask candidates to lift up the ends of their sleeves and the bottoms of their pant legs to ensure that notes or recording devices are not being hidden there.
- Proctors will also carefully inspect eyeglass frames, tie tacks, or any other apparel that could be used to harbor a recording device. Proctors will ask to inspect any such items in candidates' pockets.
- If prohibited items are found during check-in, candidates shall put them in the provided secure storage or return these items to their vehicle. PSI will not be responsible for the security of any personal belongings or prohibited items.
- Any candidate possessing prohibited items in the examination room shall immediately have his or her test results invalidated, and PSI shall notify the examination sponsor of the occurrence.
- Any candidate seen giving or receiving assistance on an examination, found with unauthorized materials, or who violates any security regulations will be asked to surrender all examination materials and to leave the examination center. All such instances

will be reported to the examination sponsor.

- Copying or communicating examination content is violation of a candidate's contract with PSI, and federal and state law. Either may result in the disqualification of examination results and may lead to legal action.
- Once candidates have been seated and the examination begins, they may leave the examination room only to use the restroom, and only after obtaining permission from the proctor. Candidate will not receive extra time to complete the examination.

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## TAKING THE EXAMINATION

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The examination will be administered via computer. You will be using a mouse and computer keyboard.

### IDENTIFICATION SCREEN

You will be directed to a semiprivate testing station to take the examination. When you are seated at the testing station, you will be prompted to confirm your name, identification number, and the examination for which you are registered.

### TUTORIAL

Before you start your examination, an introductory tutorial is provided on the computer screen. The time you spend on this tutorial, up to 15 minutes, DOES NOT count as part of your examination time. Sample questions are included following the tutorial so that you may practice answering questions, and reviewing your answers.

### TEST QUESTION SCREEN

The "function bar" at the top of the test question provides mouse-click access to the features available while taking the examination.

The screenshot shows a computer interface for a test question. At the top, there is a navigation bar with icons for Mark, Comments, Goto, Help, and End. Below this, a status bar displays: Question: 3 of 40, Answered: 2, Unanswered: 1, Marked: 0, View: All, Time Left (Min): 359. The main question area contains the text: "3. What do the stars on the United States of America's flag represent?". Below the question, it says "(Choose from the following options)". There are four radio button options: "1. Presidents", "2. Colonies", "3. States", and "4. Wars". At the bottom of the question area, there are two buttons: "<< Back" and "Next >>".

One question appears on the screen at a time. During the examination, minutes remaining will be displayed at the top of the screen and updated as you record your answers.

**IMPORTANT:** After you have entered your responses, you will later be able to return to any question(s) and change your response, provided the examination time has not run out.

## SCORE REPORTING

Your passing or failing indication will appear immediately on the computer screen at the end of your test. Exam results are confidential and will be revealed only to you and the Board/Department.

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.**

## EXPERIMENTAL QUESTIONS

In addition to the number of questions per examination, a small number of five to ten "experimental" 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. Requests for an Examination Review must be made within 15 days after their examination. Candidates will be provided with a copy of the incorrectly answered questions in the examination, along with the candidate's answer. The candidate will have the opportunity to write down any matter that he/she wishes to bring to the Board's attention. The candidate's notes, 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.

## DUPLICATE SCORE REPORTS

You may request a duplicate failing score report after your examination by emailing [scorereport@psionline.com](mailto:scorereport@psionline.com) or by calling 800-733-9267.

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## LICENSE APPLICATION

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### 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 410-230-6231. **Do not contact PSI.**

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## INSTRUCTIONS AND FORMS

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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 cell 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 Held** - Provide Apprentice or Journey Certificate Number and date issued, as appropriate.
10. **Total Payment** - The fee for the Maryland Master Electricians Examination is \$70.  
**Fees and not refundable and are not transferable.**
11. **Exam Accommodations Request** - Applicants with disabilities or those who would otherwise have difficulty taking the exam must specify the exam accommodation 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 three questions by indicating either "yes" or "no" with an "X". Applicants who answer "Yes" to Questions 2 or 3 must follow the procedures below:

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**FOLLOWING IS A LIST OF COURSE PROVIDERS  
FOR NATURAL GAS FITTERS**

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- 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:
- c. In cases of a conviction of a 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, you must 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; and,
  - (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.
- d. In cases where you had this type of license, certificate, registration, or permit denied, suspended or revoked by Maryland or any other jurisdiction, you must include:
  - (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; and,
  - (3) Letters of reference are encouraged to show the applicants present employment activities and character.

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.

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, cashier's check, personal check, or company check for the examination fee made out to PSI. Cash is not accepted.

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



# MARYLAND PLUMBER/GAS FITTER AND NATURAL GAS FITTER EXAMINATIONS

## LICENSURE/CERTIFICATION EXAMINATION

### REGISTRATION FORM

*You must provide all information requested, enclose attachments as applicable, and submit it and the fee payment with your Experience Certification Form(s), and proof of successful completion of the required Backflow Prevention course. PLEASE TYPE OR PRINT LEGIBLY. Registration forms that are incomplete, illegible or not accompanied by the proper fee and other forms will be returned unprocessed.*

**BE SURE TO COMPLETE BOTH SIDES OF THIS FORM AND SIGN.**

**1. Name**

|                           |   |
|---------------------------|---|
| <small>Last Name</small>  | <small>Generation<br/>(e.g., Jr., III)</small>  |
| <small>First Name</small> | <small>Middle Name (if none, enter NMN)</small> |

**2. Social Security**     -  -     *(FOR IDENTIFICATION PURPOSES ONLY)*

**3. Mailing Address**

|                               |                              |
|-------------------------------|------------------------------|
| <small>Number, Street</small> | <small>Suite/Apt. No</small> |
| <small>City</small>           | <small>State</small>         |
| <small>County</small>         | <small>Zip Code</small>      |

**4. Email Address** \_\_\_\_\_ @ \_\_\_\_\_

**5. Telephone**

|             |                          |               |                          |
|-------------|--------------------------|---------------|--------------------------|
| <b>Cell</b> | <small>Area Code</small> | <b>Office</b> | <small>Area Code</small> |
|-------------|--------------------------|---------------|--------------------------|

**6. Birth Date/ Place**

|                       |                  |                  |                  |                  |                  |                     |                      |
|-----------------------|------------------|------------------|------------------|------------------|------------------|---------------------|----------------------|
| <small>M</small>      | <small>M</small> | <small>D</small> | <small>D</small> | <small>Y</small> | <small>Y</small> | <small>City</small> | <small>State</small> |
| <small>County</small> |                  |                  |                  |                  |                  |                     |                      |

**7. Gender**     Male (2)     Female (1)

**8. Exam (Check One)**

Master Plumber/Gas Fitter - \$65

Journey Plumber/Gas Fitter - \$65

Master Natural Gas Fitter Gas Fitter - \$65

Journey Natural Gas Fitter - \$25

Is this the first time you are taking this examination?     Yes     No

If not the first time, date of last exam: \_\_\_\_\_

| 9. Certificate Held           | Certificate # | Original Date Issued<br>(mo/year) |
|-------------------------------|---------------|-----------------------------------|
| Apprentice Plumber            | _____         | _____                             |
| Journey Plumber               | _____         | _____                             |
| Apprentice Natural Gas Fitter | _____         | _____                             |

**Please continue to the next page.**



10. Total Payment: \$ \_\_\_\_\_

Registration fees may be paid by money order, certified check, personal check, company check, or cashier's check. Cash is not accepted. **REGISTRATION FEES ARE NOT REFUNDABLE OR TRANSFERABLE.** Make your money order or check payable to PSI and note your name and/or Social Security Number on it.

Check one:  VISA  MasterCard  American Express  Discover

Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

*The card verification number may be located on the back of the card (the last three digits on the signature strip) or on the front of the card (the four digit number to the right and above the card account number).*

Card Verification No: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Cardholder Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

11. Exam Accommodation Requests

I am a submitting a Exam Accommodations Request with required 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 <input type="checkbox"/> Yes <input type="checkbox"/> No |                |                     |

For Internal Use Only

13. ALL applicants must answer the following questions.

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| 1. I am 18 years of age or older.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of a felony or misdemeanor in any State or Federal Court? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had this type of license, certificate, registration, or permit denied, suspended or revoked by Maryland or any other jurisdiction?..... | <input type="checkbox"/> | <input type="checkbox"/> |

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 of Maryland.*

*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, your Experience Certification and evidence of Backflow Prevention course completion to:

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

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





**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 |
|-----------------------------|-------------------------|-------|-------|
| _____<br>MONTH DAY YEAR     | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR     | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR     | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR     | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR     | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR     | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR     | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR     | _____<br>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 |
|-----------------------------|-------------------------|-------|-------|
| _____<br>MONTH DAY YEAR     | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR     | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR     | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR     | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR     | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR     | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR     | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR     | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR     | _____<br>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 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 | _____ | _____ |

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 | _____ | _____ |

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 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 similar 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        |
|--|-------------------------|-------|--------------|
| _____<br>MONTH DAY YEAR                | _____<br>MONTH DAY YEAR | _____ | _____        |
| _____<br>MONTH DAY YEAR                | _____<br>MONTH DAY YEAR | _____ | _____        |
| _____<br>MONTH DAY YEAR                | _____<br>MONTH DAY YEAR | _____ | _____        |
| _____<br>MONTH DAY YEAR                | _____<br>MONTH DAY YEAR | _____ | _____        |
| _____<br>MONTH DAY YEAR                | _____<br>MONTH DAY YEAR | _____ | _____        |
| _____<br>MONTH DAY YEAR                | _____<br>MONTH DAY YEAR | _____ | _____        |
| _____<br>MONTH DAY YEAR                | _____<br>MONTH DAY YEAR | _____ | _____        |
| _____<br>MONTH DAY YEAR                | _____<br>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 \_\_\_\_\_ No \_\_\_\_\_  
MARYLAND BALTO. CO.  
No \_\_\_\_\_ No \_\_\_\_\_  
W.S.S.C. 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 similar 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        |
|--|-------------------------|-------|--------------|
| _____<br>MONTH DAY YEAR                | _____<br>MONTH DAY YEAR | _____ | _____        |
| _____<br>MONTH DAY YEAR                | _____<br>MONTH DAY YEAR | _____ | _____        |
| _____<br>MONTH DAY YEAR                | _____<br>MONTH DAY YEAR | _____ | _____        |
| _____<br>MONTH DAY YEAR                | _____<br>MONTH DAY YEAR | _____ | _____        |
| _____<br>MONTH DAY YEAR                | _____<br>MONTH DAY YEAR | _____ | _____        |
| _____<br>MONTH DAY YEAR                | _____<br>MONTH DAY YEAR | _____ | _____        |
| _____<br>MONTH DAY YEAR                | _____<br>MONTH DAY YEAR | _____ | _____        |
| _____<br>MONTH DAY YEAR                | _____<br>MONTH DAY YEAR | _____ | _____        |
| _____<br>MONTH DAY YEAR                | _____<br>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 \_\_\_\_\_ 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 |
|-------------------------|-------------------------|-------|-------|
| _____<br>MONTH DAY YEAR | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR | _____<br>MONTH DAY YEAR | _____ | _____ |

PSI Use only

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 \_\_\_\_\_ 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 |
|-------------------------|-------------------------|-------|-------|
| _____<br>MONTH DAY YEAR | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR | _____<br>MONTH DAY YEAR | _____ | _____ |
| _____<br>MONTH DAY YEAR | _____<br>MONTH DAY YEAR | _____ | _____ |

PSI Use only

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 \_\_\_\_\_ No \_\_\_\_\_  
                   MARYLAND                   BALTO. CO.  
 No \_\_\_\_\_ No \_\_\_\_\_  
                   W.S.S.C.                   OTHER



All examination 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 taking the examination should request for alternative arrangements by [Clicking Here](#).

**Requirements for exam accommodation requests:**

You are required to submit documentation from the medical authority or learning institution that rendered a diagnosis. Verification must be uploaded to PSI on the letterhead stationery of the authority or specialist and include the following:

- Description of the disability and limitations related to testing
- Recommended accommodation/modification
- Name, title and telephone number of the medical authority or specialist
- Original signature of the medical authority or specialist

**MAKE SURE YOU ARE ELIGIBLE FOR THE EXAMINATION BEFORE  
REQUESTING EXAMINATION ACCOMMODATIONS**



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

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

PSI licensure:certification  
3210 E Tropicana  
Las Vegas, NV 89121