



2401 NW 23<sup>rd</sup>, Suite 2F Oklahoma City, OK 73107-2431 PH: (405) 521-6550 or Toll Free: 1-877-484-4424

Website: www.cib.ok.gov

#### PLUMBING APPLICATION INFORMATION

All applicants must be eighteen (18) years of age or older

#### FEES – MUST ACCOMPANY APPLICATIONS:

Make remittance payable to the Construction Industries Board (CIB)

Plumbing Contractor \$\frac{\$330.00}{\$Plumbing Journeyman}\$ (License fee \$300.00 + Application Processing Fee \$30.00 = total \$330.00) (License fee \$50.00 + Application Processing Fee \$25.00 = total \$75.00)

### **EXPERIENCE REQUIREMENTS:**

158:30-9-1(j); Applicants for plumbing license examinations who are not licensed and wish to include experience gained in Oklahoma must maintain an apprentice registration on file with the Oklahoma Construction Industries Board for all experience obtained in Oklahoma. The Construction Industries Board *will not* consider experience obtained in or outside of Oklahoma as verifiable experience for periods in which an apprentice is unregistered, except for experience lawfully obtained according to any applicable federal or state laws, and must be comprised of plumbing work as defined in the Act and in this Chapter.

# 1. Applicants for the journeyman examination must be eighteen (18) years of age or older and have either:

- three (3) years of experience in the plumbing trade while employed by a licensed Plumbing contractor.
- (2) equivalent verifiable three (3) years of experience in the plumbing trade while serving in the U.S. military.
- (3) a verifiable out-of-state plumbing license which may expedite processing of the requirements, the license must be:
- current, and
- in good standing.
- The following may be substituted for a portion of the experience requirement in (k)(1) and (l) of this Section: (1) An associate degree or vocational diploma certifying completion of a formal plumbing educational program approved by the Committee, consisting of a minimum of one thousand (1,000) classroom hours from a school approved by the Committee, may be substituted for two (2) years of experience. (2) A vocational diploma certifying completion of a formal plumbing educational program approved by the Committee, consisting of a minimum of five hundred (500) classroom hours from a school approved by the Committee, may be substituted for one (1) year of experience. (3) A vocational diploma certifying completion of a formal plumbing educational program approved by the Committee, consisting of a minimum of three hundred and seventy five (375) classroom hours from a school approved by the Committee, may be substituted for three-fourths (3/4) of a year, or nine months of experience. (4) A vocational diploma certifying completion of a formal plumbing educational program approved by the Committee, consisting of a minimum of three hundred and thirty four (334) classroom hours from a school approved by the Committee, may be substituted for two-thirds (2/3) of a year, or eight months of experience. (5) A vocational diploma certifying completion of a formal plumbing educational program approved by the Committee, consisting of a minimum of two hundred and fifty (250) classroom hours from a school approved by the Committee, may be substituted for one-half (1/2) year, or six months of experience.
- 2. Applicants for a contractor license must meet the same requirements as a journeyman with an additional one (1) year of lawful experience in the Plumbing trade.

If the applicant fails to meet the minimum qualifications to take the examination, the application fee will be forfeited.

An examinee must make 75% or more on each part, above, to pass the examination.

### **CONTRACTORS:**

After you have successfully passed your exams, your license will be inactive until the CIB receives proof of the bond and insurance listed below:

- 1. An Active Plumbing Contractor is required to carry a five thousand dollar (\$5,000.00) Corporate Surety Bond payable to the Oklahoma Construction Industries Board. The bond must be in the individual license holder's name. The bond must be continuous and provide for thirty- (30) days cancellation notice.
- 2. An Active Plumbing Contractor must provide a certificate of insurance evidencing a minimum of \$50,000.00 commercial general liability insurance. The individual license holder's name must be on the certificate of insurance. The Certificate holder is the Construction Industries Board.

## **EXAMINATION INFORMATION and MATERIAL FOR STUDY:**

All applicants are required to pass the Oklahoma Plumbing exam to gain licensure. In addition, Contractors must take and pass the Plumbing Business and Law exam.

Once the Construction Industries Board receives your application and remittance, it will be reviewed for approval. Once approved you will receive a letter stating your application has been approved and your information will be forwarded to our national testing provider, PSI for testing. *You are responsible for contacting PSI to schedule an appointment to take the exam* by calling 1-855-834-8750 or via the internet at <a href="https://test-takers.psiexams.com/okcontractors">https://test-takers.psiexams.com/okcontractors</a>. Contact PSI for study materials, testing sites, testing fees and testing dates or download the Candidate Information Bulletin from their website.

Any applicant initially failing to pass the examination shall not be permitted to take another examination for a period of thirty (30) days. Any applicant subsequently failing to pass the examination shall not be permitted to take another examination for a period of ninety (90) days.

#### Journeyman & Contractor - Material for Study:

- International Plumbing Code, 2018 Edition, International Code Council, 5203 Leesburg Pike, Suite 600, Falls Church, VA 22041, (800) 786-4452, <a href="www.iccsafe.org">www.iccsafe.org</a>, with Oklahoma Revisions <a href="https://ok.gov/oubcc/Codes\_&\_Rules/Adopted\_Building\_Codes/">https://ok.gov/oubcc/Codes\_&\_Rules/Adopted\_Building\_Codes/</a>
- International Fuel Gas Code, 2018 Edition, International Code Council, 5203 Leesburg Pike, Suite 600, Falls Church, VA 22041, (800) 786-4452, <a href="www.iccsafe.org">www.iccsafe.org</a>, with Oklahoma Revisions <a href="https://ok.gov/oubcc/Codes">https://ok.gov/oubcc/Codes</a> & Rules/Adopted Building Codes/index.html
- Mathematics for Plumbers & Pipefitters, 8th Edition, 2013, www.cengage.com.
- Code of Federal Regulations 29 *CFR* Part 1926 (OSHA), with latest available amendments, Candidates can access the Government website with this link <a href="https://www.osha.gov/laws-regs/regulations/standardnumber/1926">https://www.osha.gov/laws-regs/regulations/standardnumber/1926</a>
  - Hard copy can be purchased from Mancomm.com. <a href="https://mancomm.com/29-cfr-1926-osha-construction-industry-regulations-standards/">https://mancomm.com/29-cfr-1926-osha-construction-industry-regulations-standards/</a>. Amazon and other retailers sell the Mancomm OSHA publications. OR
- Code of Federal Regulations 29 CFR Part 1926 Selections by PSI, with latest available amendments, 3210 E Tropicana, Las Vegas, NV 89121. (800) 733-9267, <a href="https://test-takers.psiexams.com/okcontractors">https://test-takers.psiexams.com/okcontractors</a>, (See order form at the end of the Candidate Information Bulletin.)

#### Contractor Business & Law – Material for Study:

The following reference materials are allowed in the examination center:

Note: Title 158 of the Oklahoma Administrative Code (OAC 158) contains the administrative rules of the Oklahoma Construction Industries Board. www.cib.ok.gov

- State of Oklahoma, Construction Industries Board Unofficial Administrative Rules & Courtesy Exam Study Aids Book, current edition (available at the Construction Industries Board Office no fee).
- Oklahoma Plumbing License Law of 1955, Oklahoma Statutes, Title 59, Chapter 27.
- Oklahoma Plumbing Industry Regulations, Oklahoma Code, Title 158, Chapter 30.
- Oklahoma Fine Schedule of the Construction Industries Board, Oklahoma Code, Title 158, Chapter 10.
- Oklahoma Workers' Compensation Act, Oklahoma Statutes, Title 85A Chapter 1.
- Oklahoma Liens Law, Oklahoma Statutes, Title 42, Chapter 3.
- Oklahoma Rules of the Workers' Compensation Court, Oklahoma Statutes, Title 85A, Chapter 1, Appendix, Oklahoma Workers' Compensation Court, ATTN: Publication Request, 1915 North Stiles, Oklahoma City, OK 73105, <a href="https://www.cib.ok.gov">www.cib.ok.gov</a>.
- NASCLA, Contractor's Guide to Business, Law and Project Management, Basic 13<sup>th</sup> Edition, National Association of State Contractors Licensing Agencies 23309 N 17<sup>th</sup> Dr, Phoenix, AZ 85027, Telephone: (623) 587-9519, www.nascla.org.

You are allowed to take a silent, non-printing, non-programmable calculator in the examination center.

Oklahoma Construction Industries Board Plumbing Division 2401 NW 23<sup>rd</sup> Street, Suite 2F Oklahoma City, OK 73107 Telephone: (405) 521-6550

| Do Not Mark in the Section File # |         |   |  |  |  |
|-----------------------------------|---------|---|--|--|--|
| Approved By                       |         | _ |  |  |  |
|                                   | Date:// | _ |  |  |  |

# **APPLICATION FOR PLUMBING EXAMINATION**

Fees Must Accompany Application
APPLICATION WILL NOT BE ACCEPTED WITHOUT NOTARY SEALS

| I AM APPLYING FO   | OR: CONTRACTOR                    | JOURNEYMAN  | 1                        |                         |
|--|-----------------------------------|---|--------------------------|-------------------------|
| ype or print in ink  |                                   |   |                          |                         |
| . NAME   |                                   |   |                          |                         |
| First  | Middle                            |   | Last                     |                         |
| . MAILING ADDRESS  |                                   |   |                          | <u>.</u>                |
| Street   | Apt. #                            | City  | State                    | Zip                     |
| PHYSICAL ADDRESS   |                                   |   |                          |                         |
| (If different from mailing) Street   | Apt. #                            | City  | State                    | Zip                     |
| TELEPHONE: ()Residence   | ()                                | ()<br>Business                                      | Cell                     |                         |
| . SSN (Required):  |                                   | BIRTHDATE:  | /                        |                         |
| . EMAIL:   |                                   |   |                          |                         |
| . Are you a US Citizen? YES N  | NO If no, please provide          | e your Immigration Do                               | cumentation.             |                         |
| . Are you registered as an apprentice:   | Yes No (I                         | f yes, Registration Nur                             | mber                     | )                       |
| Do you hold a plumbing license in any  | city or state: Yes _              | No  |                          |                         |
| If yes, which state (s)  | ? Name of lice                    | nsing agency  |                          |                         |
| Date license first issued  | Type of license & lice            | nse number  |                          |                         |
| Phone # of Licensing Agency  |                                   |   |                          |                         |
| 0. Education (Attach copy of transcript  TO RECEIVE CREDIT FOR EDUC  AND/OR CERTIFICATES OF COM  1. Applicant's Signature: | CATION IN PLUMBING CO<br>MPLETION | trade schools pertaining URSES SUBMIT OF Transcript | FICIAL TRAN<br>Provided? | VSCRIPTSNo              |
|  | (Sign before Notary)              |   |                          |                         |
|  | his Section to be filled out by   |   |                          |                         |
| The applicant signing this application be is/her knowledge and that he/she persor  | e .                               |   | ed to by him/he          | er are true to the best |
| tate of  | County of                         |   |                          |                         |
| tate of (ubscribed and sworn before me this  | day of                            | ,   | ·                        |                         |
| Iy Commission Expires:   | Signature of Notary               |   |                          |                         |
| My Commission Number:  |                                   | (Notary Sea   | <i>l</i> )               |                         |

**EXPERIENCE VERIFICATION**List your plumbing experience on the following affidavit(s). Start with your present or last employer. Affidavit must be signed by a licensed Plumbing Contractor. Make and attach additional Affidavits if needed.

| APPLICANTS NAME:  |   | _                   |                                   |                |  |  |
|---|---|---------------------|-----------------------------------|----------------|--|--|
| Company Name:   |   | Telephone No. ()    |                                   |                |  |  |
| Street Address:   |   |                     |                                   |                |  |  |
| Street  | Apt. No.                                | City                | State                             | Zip            |  |  |
| Plumbing Contractor Name:                                     |   | Li                  | cense Number:                     |                |  |  |
| Plumbing performed: Plumbing R                                | _                                       | _                   |                                   |                |  |  |
| Employment Dates- Start date:*One (1) year full               | End Date if not still e                 |                     |                                   | hours          |  |  |
|   | This Section to be filled               |                     |                                   |                |  |  |
| State of  | •                                       |                     |                                   |                |  |  |
| (Plumbing Contractor) affirmed/sworn both depose and say that | Perso the forgoing statements subscript |                     | •                                 | who being duly |  |  |
| Signature of Plumbing Contractor Verify                       | ring Experience:                        |                     | Date:                             | /              |  |  |
| Subscribed and sworn before me this                           | day of                                  | ;                   | ·                                 |                |  |  |
| Signature of Notary   | My Con                                  | -                   |                                   |                |  |  |
| APPLICANTS NAME:  |   |                     |                                   |                |  |  |
| Company Name:   |   | Telephone N         | No. ()                            |                |  |  |
| Street Address:   |   |                     |                                   |                |  |  |
| Street  | Apt. No.                                | City                | State                             | Zip            |  |  |
| Plumbing Contractor Name:                                     |   | License Number:     |                                   |                |  |  |
| Plumbing performed: Plumb Plumbing Maintenance Plu            |   |                     |                                   |                |  |  |
| Employment Dates- Start date:                                 | End Date if not still of                | employed:           | for a total of _                  | hours.         |  |  |
| *One (1) year full  | -time employment generally ap           | proximates two thou | usand (2,000) hours*              |                |  |  |
| State of  | This Section to be filled on County of  | ut by Notary only   |                                   |                |  |  |
| (Plumbing Contractor) affirmed/sworn both depose and say that |   |                     | e me, the undersigned, vere true. | who being duly |  |  |
| Signature of Plumbing Contractor Verify                       | ving Experience:                        |                     | Date:                             | /              |  |  |
| Subscribed and sworn before me this                           | day of                                  | ,                   | ·                                 | (Notary Seal)  |  |  |
| Signature of Notary   | My Con                                  | nmission Expires:   |                                   |                |  |  |

Revised: September 23

#### **Instructions for Required Affidavit:**

All natural persons fourteen (14) years of age or older and present in the United States, applying for a license with the Oklahoma Construction Industries Board are required, by the provisions of 56 O.S. § 71, to provide the Board with verification of lawful presence in the United States by executing the Affidavit shown below before a notary public or other officer authorized to notarize affidavits under State law. The Board's licensing offices are staffed with notaries who are available to provide notary service at no cost to Applicants.

# AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

|  | AIII             | davit of          |                 |               |                   |                        |
|--|------------------|-------------------|-----------------|---------------|-------------------|------------------------|
| [Applicant's Full Name]  | _                |                   | OF              |               | ) ss:<br>)        |                        |
| I, [Applicant's Full Name]   | of lawful age,   | being first duly  | sworn, upon oat | h state, und  | ler penalty o     | f perjury, as follows: |
| Please check the appropriate box:  |                  |                   |                 |               |                   |                        |
| Option 1:   I am a United States Ci  | itizen.          |                   |                 |               |                   |                        |
| Option 2: □ I am a qualified alien u<br>United States. For<br>number or "I-94" n | r this Option, a | a copy of a valid | immigration doc |               |                   |                        |
|  |                  |                   | [Signature      | of Applica    | nt]               |                        |
| Subscribed and sworn to or affirmed befor  | re me this       | day of            | , 2             | 0, b <u>y</u> | /<br>[Applicant's | Name – Please Print    |
|  |                  |                   | [Signature      | of Notary]    |                   | -                      |
| My Commission Expires:   |                  |                   |                 |               |                   |                        |
| My Commission Number   |                  |                   | (Notary         | Seal)         |                   |                        |