



REQUEST TO RELINQUISH RESPONSIBLE MASTER PLUMBER DESIGNATION (RMP)

Please note: Only the licensee may make this request. This request form must be completed and signed before a notary public and returned with payment of \$10.00. If the request is made in person, a Notary signature is not needed, however, a valid State issued photo ID is required. Please allow 10-14 days for processing and to receive your replacement Master Plumber License card without RMP designation. If submitted along with your regular renewal form the \$10.00 replacement fee does not apply.

Last name: _____ First name: _____ MI: _____

Master License Number: _____ DOB: _____

Address _____ City _____ ST. _____

Zip _____ Daytime Ph. # _____ DL or State issued ID# _____

Why are you relinquishing your designation as a Responsible Master Plumber: _____

I understand that submitting any false information to the Board may result in disciplinary action, up to and including revocation of my license and/or an administrative penalty not to exceed \$5,000. I understand that the penalties for perjury or tampering with a governmental record through false entry of information may consist of (1) a fine not to exceed \$4,000. (2) confinement in jail for a term not to exceed one year; or (3) both such fine and confinement. **Furthermore, I understand there are no refunds or partial refunds based on when the designation was obtained or relinquished.** In addition, I understand that offering to perform or contracting for plumbing work without first securing the services of a RMP is a violation of law and I may be assessed a penalty if found in violation.

By signing this form, I hereby affirm that all of the facts, statements, and answers contained herein are true.

Signature of licensee making request _____

Date _____

Before me, the undersigned authority, personally appeared _____, who has identified themselves through a drivers license or state issued photo ID.

SWORN TO AND SUBSCRIBED before me, the undersigned authority, on this the _____

day of _____, _____.

SEAL

Notary Public in and for the State of Texas

Office use only: Fee type/amount _____ Date rec'd _____ Initials _____ Entity number _____
Date processed _____