




# TEXAS STATE BOARD OF PLUMBING EXAMINERS

TSBPE  Protecting the health and safety of Texans since 1947

## OUT OF STATE LICENSE VERIFICATION FORM

**Must be provided by all out of state exam applicants**

**Exam Applicant:** Complete Part 1 and mail this form to the state board verifying your records.

**Verifying State Board:** Complete Part 2 and mail the completed form directly to:

Texas State Board of Plumbing Examiners, 929 E. 929 41st Street, TX 78751 or Email to: [info@tsbpe.texas.gov](mailto:info@tsbpe.texas.gov)

### Part 1—To be completed by the APPLICANT

|   |  |                                      |                |        |
|---|--|--------------------------------------|----------------|--------|
| Name: Last  |  | First                                | Middle         | Suffix |
| Last 4 numbers of Social Security Number: xxx-xx- |  |                                      | Date of Birth: |        |
| Mailing Address:                                  |  | PO Box, Street:<br>City, State, Zip: |                |        |
| License Type:                                     | <input type="checkbox"/> Residential Plumber | License Number:                      |                |        |
|   | <input type="checkbox"/> Journeyman Plumber  | License Number:                      |                |        |
|   | <input type="checkbox"/> Master Plumber      | License Number:                      |                |        |
|   | <input type="checkbox"/> Plumbing Contractor | License Number:                      |                |        |
| Applicant Signature:                              |  |                                      | Date:          |        |

### PART 2—To be completed by the VERIFYING STATE BOARD

|   |                 |                              |                                  |                                    |
|---|-----------------|------------------------------|----------------------------------|------------------------------------|
| From (Verifying State):   |                 | Date:                        |                                  |                                    |
| License Type:   | License Number: | Issue Date:                  | Expiration Date:                 |                                    |
| <input type="checkbox"/> Residential Plumber  |                 |                              |                                  |                                    |
| <input type="checkbox"/> Journeyman Plumber   |                 |                              |                                  |                                    |
| <input type="checkbox"/> Master Plumber   |                 |                              |                                  |                                    |
| <input type="checkbox"/> Plumbing Contractor  |                 |                              |                                  |                                    |
| Was the license State-Issued?   |                 | YES <input type="checkbox"/> | NO <input type="checkbox"/>      |                                    |
| Method of Licensure:  |                 |                              |                                  |                                    |
| <input type="checkbox"/> Examination  | Date of Exam:   | Score:                       |                                  |                                    |
| Version and Code used for Exam:   | # of Questions: | # of Hours:                  | <input type="checkbox"/> Written | <input type="checkbox"/> Practical |
| If the license was issued by exam, please provide a breakdown of the percentages of each category covered in the exam:  |                 |                              |                                  |                                    |
| <input type="checkbox"/> Reciprocity/Endorsement  |                 | State:                       |                                  |                                    |
| <input type="checkbox"/> Other (Please Explain)   |                 |                              |                                  |                                    |
| Please provide a listing of the hours/experience requirements and/or completion of a federally approved or registered apprenticeship program for the license: |                 |                              |                                  |                                    |
| Were all experience requirements met?   |                 | YES <input type="checkbox"/> | NO <input type="checkbox"/>      |                                    |
| Is there any disciplinary action on record:   |                 | YES <input type="checkbox"/> | NO <input type="checkbox"/>      |                                    |
| If YES, please explain:   |                 |                              |                                  |                                    |
| <b>For Agency Use Only</b>  |                 |                              |                                  |                                    |
| Verified By State Employee:   |                 |                              |                                  |                                    |
| Name: _____   |                 |                              | Date: _____                      |                                    |
| Title: _____  |                 |                              |                                  |                                    |