TEXAS STATE BOARD OF PLUMBING EXAMINERS

929 E 41ST ST, AUSTIN, TEXAS 78751 • 512-936-5200 • tsbpe.texas.gov

PLUMBING INSPECTOR EMPLOYER'S CERTIFICATION FORM IMPORTANT INFORMATION

You may use the attached Plumbing Inspector Employer's Certification Form (PIECF) to submit proof of your hours of experience working in the plumbing trade, or an approved similar plumbing-related trade, and your hours of training in the enforcement of plumbing codes. The TSBPE will only accept a signed, original PIECF.

You need a total of 500 hours of training and experience in the plumbing industry to qualify to take the Plumbing Inspector examination. You can receive up to 200 hours of credit for on-the-job work experience in the plumbing trade. You will only receive credit for the hours you worked while you held a current Plumber's Apprentice Registration or current Tradesman Plumber-Limited License. You can receive up to 200 hours of additional credit for on-the-job training in the enforcement of plumbing codes. You will only receive credit for the hours you worked while you were supervised by a licensed Plumbing Inspector. There is one form for hours of experience in the plumbing trade and a separate form for hours of training in the enforcement of plumbing codes.

The TSBPE does not track your hours for you. However, you can send in a signed, original PIECF at any time, and we will keep it in your file. The PIECF must be signed by the RMP who was the RMP at the time you worked for the company, the licensee who supervised you while on the job, or the inspector who trained you. If you earned all of your hours working for the same employer, then you need to submit only one PIECF. If you earned your hours working for more than one employer, you must submit a separate PIECF from each employer. We strongly recommend that you request an employer complete a PIECF each time you end your employment with a particular employer.

When you ask the employer to complete the PIECF, you must **make your request in writing**. You should also give them a PIECF with your personal information (name, date of birth, license/registration number, etc.) already filled in, so the employer knows who you are and can determine when you worked for them. To make sure the PIECF gets back to you, <u>provide a self-addressed</u>, <u>stamped envelope</u>. Make a copy of the signed PIECF, and then mail the original to the TSBPE at P.O. Box 4200, Austin, Texas 78765.

You may also want to try contact your employer by email (if they have an email address). Many companies are willing to download the PIECF from the TSBPE website at www.tsbpe.texas.gov under "Applications/Forms." You can also include the PIECF as an attachment to your email and ask that they print it out and complete it. Be sure to include your mailing address in the email, so the employer knows where to send it.

If you think you will have difficulty obtaining verification of your hours from a past employer, we recommend that you mail the PIECF using the <u>return receipt requested</u> option offered by the U.S Postal Service. Sending it this way will help you to prove that you attempted to obtain verification of your hours. Should the employer fail to complete the PIECF and return it to you, the TSBPE will need proof of your request in order to help you. The RMP or licensee who supervised you is required to complete the PIECF and return it to you within thirty (30) days of your written request.

We hope this information helps and wish you good luck. Please let us know if you need more information.

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▶ Please only use this form if you a	are applying to take the Plumbing Inspector e	xamination.			
Applicant's Last Name	First	MI			
Mailing Address					
City St	Zip Code Telephone	#			
Email Date of Birth					
Social Security No	State Issue D.L. or I.D. Nuired. Your social security number is being solicited pursuant shinistration of laws relating to child support enforcement under	lo. to Texas Family Code § 231.302 for use by r 42 U.S.C. §§ 601-617 and 651-669.			
certify that the Applicant has com supervision of a licensed inspector also certify that the information sub the Board may result in criminal an	e-named Applicant, and the Plumbing Inspect pleted on-the-job training in the enforcement for the period(s) shown below. The Applicant the distribution of the period (s) shown below. The Applicant distribution of the Applicant distribution of the Applicant DATE(S) EMPLOYED	nt of plumbing codes under the cant and the Plumbing Inspecto at submitting false information to and the Plumbing Inspector.			
	(Supporting documentation may be required)				
FROM: MONTH/YEAR	TO: MONTH / YEAR	TOTAL HOURS WORKED			
TOTAL	OF HOURS WORKED LISTED ABOVE ▶				
		<u> </u>			
Name of Supervising Plumbing Inspector		License #			
City Email Address of Plumbing Ins	spector				
City Name Telephone #					
City Address					
City	Zip				
Will the applicant be employed by, passes the Plumbing Inspector Exa	or under contract with, the City to perform pl amination? □ Yes or □ No	umbing inspections if he or she			
Signature of Plumbing Inspector	Date	Date			
Signature of Applicant					

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▶ In accordance with sections 1301.002 and 1301.351 of the Plumbing License Law, a person will only receive credit for the hours of work experience in the plumbing trade needed to qualify to take the Plumbing Inspector examination

PLUMBING INSPECTOR EMPLOYER'S CERTIFICATION FORM

August 2017

a current Tradesman Plumber-Limited License, Applicant's Last Name				MI
				IVII
Mailing Address				
City	_St	Zip Code	Telephone	#
Email		Date of Birth		
Social Security No				o Texas Family Code § 231.302 for use by 42 U.S.C. §§ 601-617 and 651-669.
Plumber's Apprentice Registrati	on #	or Trad	esman Plumber-Limi	ited License #
supervision of a licensee for th	e period(s) d correct ar enalties to tl	shown below. The and understand that she Applicant and the DATE(S) EMPL	Applicant and the Rubmitting false information RMP/licensee.	rvision of a RMP and the direct MP/licensee also certify that the mation to the Board may result in
	(Suppo	rting documentation	•	
FROM: MONTH/YEAR		TO: MONTH	/ YEAR	TOTAL HOURS WORKED
TOT	TOTAL OF I	HOURS WORKED I	LISTED ABOVE ▶	
	TOTAL OF I	TOOKS WORKED	IIII ABOVE P	
RMP or Licensee Name				License #
Company Name	Telephone #			
Company Address				
Signature of RMP or Licensee				
Signature of Applicant			 Date	