

RESPONSIBLE MASTER PLUMBER DESIGNATION REMOVE REQUEST

Once processed, this form removes the Responsible Master Plumber designation from a Master Plumber license. **If submitted via US Mail, this form must be completed and signed by the licensee before a notary public.** If the request is made in person at the TSBPE office, only a valid government-issued photo ID is required. Allow 30 days for processing. A new Master Plumber License card without RMP designation will be mailed upon completion of the request. Note that once the RMP designation is removed, the licensee is no longer able to contract or offer to perform plumbing work. If the licensee would prefer to simply change the associated company name, please use the **Change of Company** form located in the "Printable Forms" section on tsbpe.texas.gov.

Last name _____ First name _____ MI _____

Master License Number _____ DOB _____ Email Address _____

Mailing Address _____ City _____ ST _____

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

Reason for Removal: _____

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 removed. 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.

Signature of licensee making request _____ Date _____

NOTARY USE ONLY

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

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

day of _____, _____.

[NOTARY SEAL]

Notary Public in and for Texas or any other State

TSBPE USE ONLY

Fee _____

Entity No. _____

Date Received _____

Date Processed _____