

## How to apply

### What to bring

Please return the completed application and following documents only on the application days. We will not accept them any other time and you must return the application in person (friend/relatives may not return them for you).

1. Completed Application
2. Copy of Driver's license
3. A copy of your birth certificate or other such document for proof of age.
4. A copy of your high school diploma (and college diploma if applicable).
5. Original High school transcripts (read below for requirements)

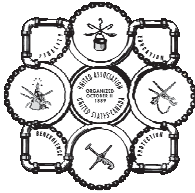
Transcripts must have the raised seal or may be in a sealed envelope from your school. Please note that if your school is mailing the transcripts directly to our office they must arrive prior to the application date, you can call to verify their arrival. Or GED Certificate with official report of test results.

6. Copy of Military transfer or discharge form DD-214 if applicable.

**\*Please note – the requested COPY items need to be copies, we will not make them for you.**

PLUMBERS LOCAL 210 JOINT APPRENTICESHIP AND TRAINING  
APPLICATION FOR APPRENTICESHIP

Soc Security # _____					
First Name _____			Middle Initial _____		
Last Name _____					
Address _____					
City, State _____					
Zip Code _____					
Cell Phone _____					
Birth Date _____					
★ Email Address _____					
★ THIS IS HOW WE WILL CONTACT YOU.					
SEX: <input type="radio"/> Male <input type="radio"/> Female					
RACE: <input type="radio"/> Alaskan Native <input type="radio"/> American Indian <input type="radio"/> Asian					
<input type="radio"/> Black or African American <input type="radio"/> Hispanic or Latino <input type="radio"/> Native Hawaiian					
<input type="radio"/> White					
Military Veteran: <input type="radio"/> Yes <input type="radio"/> No            Type of Discharge: _____					
Currently employed in the piping industry?: <input type="radio"/> Yes <input type="radio"/> No            Name of company _____					
I possess a valid operators drivers license that requires no special considerations (not high risk, standard insurance). <input type="radio"/> Yes <input type="radio"/> NO					
How did you hear that we were distributing applications? <input type="radio"/> Internet/Social Media <input type="radio"/> Career Day <input type="radio"/> Work One <input type="radio"/> Word of Mouth					
Work Experience    Give jobs in order starting with most recent.					
Employer	City	Type of Work	From	To	Reason for Leaving
<input type="radio"/> High School Graduate <input type="radio"/> GED					
Signature _____				Date _____	



United Association

**PLUMBERS LOCAL UNION No. 210  
JOINT APPRENTICESHIP TRAINING COMMITTEE**

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2901 E. 83<sup>rd</sup> Place Merrillville, IN 46410  
Phone: 219-942-7224 Fax 219-942-6299  
Email [lculver@plu210.org](mailto:lculver@plu210.org)

How to complete the  
Application for Registration as an apprentice Plumber  
(2 pages)

Please fill out all the boxes in the following sections:

APPLICATION INFORMATION

PERSONAL BACKGROUND

APPLICATION AFFIRMATION

AUTHORIZATION FOR RELEASE OF INFORMATION



# APPLICATION FOR REGISTRATION AS AN APPRENTICE PLUMBER

State Form 2557 (R15 / 8-16)

Approved by State Board of Accounts, 2016

**INDIANA PLUMBING COMMISSION  
PROFESSIONAL LICENSING AGENCY**  
 402 West Washington Street, Room W072  
 Indianapolis, Indiana 46204-2724  
 Telephone: (317) 234-8800  
 E-mail: pla14@pla.IN.gov  
 www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$10.00, payable to the Indiana Professional Licensing Agency, in accordance with 860 IAC 2-1-6.
  2. All fees are non-refundable and non-transferable.
  3. Please refer to the instructions on our website at [www.pla.IN.gov](http://www.pla.IN.gov) for the licensing requirements.
  4. Attach a copy of "APPRENTICESHIP AGREEMENT" from the Bureau of Apprenticeship Training, U.S. Department of Labor, (866-487-9243) and by certifying organization which is accepted by the Indiana Plumbing Commission.
  5. The plumbing contractor / journeyman plumber by whom you are employed must complete the "EMPLOYER SECTION" of this application.

\* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it.

### FOR OFFICE USE ONLY

APPLICATION FEE	
DATE FEE PAID (month, day, year)	
RECEIPT NUMBER	
LICENSE NUMBER	
DATE OF ISSUE (month, day, year)	

**DO NOT WRITE ABOVE THIS LINE**

### APPLICANT INFORMATION

Name of applicant (last, first, middle, maiden)	Social Security number *
Address (number and street, city, state, and ZIP code)	
Date of birth (month, day, year)	Place of birth (city and state)
Telephone number (daytime) ( )	E-mail address
Are you the spouse of a member of the military who is assigned to a duty station in Indiana (Optional)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### APPROVED APPRENTICESHIP PROGRAM SPONSOR CERTIFICATION

I hereby certify that \_\_\_\_\_ is currently enrolled in our four (4) year apprenticeship program.  
Name of apprentice

I hereby swear of affirm, under the penalties of perjury, that the statements made by \_\_\_\_\_  
Name of administrator  
 of \_\_\_\_\_ are true, complete, and correct.  
Name of apprentice school

Date of enrollment (month, day, year)

Signature of manager of approved program sponsor \_\_\_\_\_ Date signed by manager (month, day, year)

**EMPLOYMENT INFORMATION**

Do not use the name or license number for the Corporation. Only the individual name of responsible plumbing contractor is needed.

I, \_\_\_\_\_, being a licensed plumbing contractor having license number \_\_\_\_\_, hereby certify that I am the employer of \_\_\_\_\_ and that he/she will work under the direct and immediate supervision of a licensed plumbing contractor or licensed journeyman plumber.

I hereby swear of affirm, under the penalties of perjury, that the statements made in this section of the application are true, complete, and correct.

Signature of plumbing contractor

Date signed (month, day, year)

**EMPLOYER NOTARY CERTIFICATE**

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } SS:

Before me, a Notary Public, personally appeared \_\_\_\_\_ who subscribed and swore to the foregoing.

Signature of Notary Public

Printed or typed name of Notary Public

Date subscribed and sworn to Notary Public (month, day, year)

County of residence

Date commission expires (month, day, year)

**PERSONAL BACKGROUND**

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

- 1. Has disciplinary action ever been taken regarding any license, certificate, registration or permit you hold or have held? [ ] Yes [ ] No
- 2. Have you ever been denied a license, certificate, registration or permit in any state (including Indiana)? [ ] Yes [ ] No
- 3. Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court, (1) have you ever been arrested; [ ] Yes [ ] No (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; [ ] Yes [ ] No (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; [ ] Yes [ ] No (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or [ ] Yes [ ] No (5) have you ever pled nolo contendere to any offense, misdemeanor, or felony in any state? [ ] Yes [ ] No
- 4. Do you have any condition or impairment (including a history of alcohol or substance abuse) that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner? [ ] Yes [ ] No

**APPLICATION AFFIRMATION**

I hereby swear of affirm, under the penalties of perjury, that the statements made in this application are true, complete, and correct.

Signature of applicant

Date (month, day, year)

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for registration to practice as an apprentice plumber.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations and institutions any information which is material to my application and I hereby specifically release the Agency and the Board from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

**AFFIRMATION**

I hereby swear of affirm that I have read the above statements and agree to same.

Signature of applicant

Date (month, day, year)

**ADDENDUM TO THE**  
**PLUMBERS LOCAL 210 APPRENTICESHIP APPLICATION INSTRUCTIONS**

IF YOU ANSWERED "YES" TO ANY PART OF QUESTION #3 IN THE "PERSONAL BACKGROUND" SECTION ON PAGE 2 OF THE STATE OF INDIANA APPLICATION FOR REGISTRATION AS AN APPRENTICE PLUMBER, THEN YOU MUST ALSO ANSWER THE FOLLOWING QUESTIONS AND SIGN AND DATE THE ADDENDUM IN TWO PLACES AT THE BOTTOM OF PAGE 3. PLEASE RETURN THE ADDENDUM DIRECTLY TO LEE CULVER, PLUMBERS LOCAL 210 TRAINING COORDINATOR

A. What were you convicted of (list all of the charges for which you were convicted)?

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B. Are you currently subject to a suspended sentence for any criminal violation? If so, what was the offense and when does your suspension end?

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C. Was the offense a felony or a misdemeanor?

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D. Date of conviction:

\_\_\_\_\_, 20\_\_

E. Location of the incident:

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F. Law Enforcement Agency:

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G. Law Enforcement Case Number:

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H. Name of Court and location:

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**ADDENDUM TO THE**  
**PLUMBERS LOCAL 210 APPRENTICESHIP INSTRUCTIONS**

**I. Court Docket/Case Number:**

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**J. Briefly describe the incident leading to the arrest and conviction:**

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Please Note: You will need to provide copies of the following documents in support of the information that you provide on this Addendum:

**1. The law enforcement agency narrative offense report.**

This document may be called, among other things, the offense report, the incident report, the case report or the investigation report. It is the complete written account of the law enforcement agency's investigation of the incident, including any supplemental and investigative reports and any witness statements. You may contact the law enforcement agency to obtain a copy of this document.

**2. The charging document.**

This document may be called, among other things, the summons and complaint, the indictment, the complaint or the complaint and information. It is the document filed in court by the prosecuting attorney, grand jury or investigating law enforcement agency that details the elements of the offense(s) alleged to have been committed. You may contact the court clerk to obtain a copy of this document.

**3. Register of actions.**

This document may be called, among other things, the register of actions, the docket or the minutes. It contains a chronology of all of the events in the court case. You may contact the court clerk to obtain a copy of this document.

If the law enforcement agency or Court no longer maintains documentation of the conviction, the law enforcement agency or Court needs to provide that information in writing directly to Lee Culver, Plumbers Local 210 Training Coordinator, who can be reached by email at [lculver@plu210.org](mailto:lculver@plu210.org). These documents must be submitted to the Plumbers Local 210 Training Coordinator before your Application can be submitted to the Indiana Plumbing Commission Professional Licensing Agency.

**ADDENDUM TO THE  
PLUMBERS LOCAL 210 APPRENTICESHIP INSTRUCTIONS**

**Authorization for Release of Information:**

I hereby authorize, request and direct any person, firm, officer, corporation, association or institution to release to the Plumbers Local 210 Training Coordinator, the Plumbers Local 210 JATC, the Plumbers Local 210 JATC Trustees and any of the Plumbers Local 210 JATC's professionals any files, documents, records or other information pertaining to the undersigned requested by the Plumbers Local 210 JATC or its Training Coordinator in connection my Application for Registration as an Apprentice Plumber in the State of Indiana.

I hereby release the aforementioned persons, firms, officers, corporations, associations or institutions from any liability with regard to the inspection or furnishing of such information by the Plumbers Local 210 Training Coordinator, the Plumbers Local 210 JATC, the Plumbers Local 210 JATC Trustees and any of the Plumbers Local 210 JATC's professionals.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Affirmation:**

I hereby swear and affirm, under penalties of perjury, that the statements made in this Addendum are true, correct and complete. I understand that any intentional misrepresentation of facts may result in denial or annulment of my license and that the falsification of statements on and with this attestation may be punishable by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## NOTICE REGARDING BACKGROUND INVESTIGATION

A consumer report (background screening report) and/or an investigative consumer report which may include information obtained through personal interviews concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, may be obtained in connection with your application for and/or continued employment, contract for services or volunteer services with Plumbers Local 210 JATC. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment, contract for services or volunteer services with the Plumbers Local 210 JATC.** You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Safe Hiring Solutions LLC, P.O. Box 295, Danville, IN 46122 888-215-8296.

### AUTHORIZATION

By signing below, I, \_\_\_\_\_, hereby voluntarily authorize Plumbers Local 210 JATC to obtain either a consumer or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my application for and/or continued employment, contract for services or volunteer services at Plumbers Local 210 JATC I understand that I have rights under the Fair Credit Reporting Act, including rights discussed above, and have received a Summary of My Rights Under the FCRA. This report may be delivered in either written or electronic form.

\_\_\_\_\_  
Print Name (last, first, middle)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)  
(For ID Purposes Only)

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
Drivers License State

Any other names I have been known by: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Addresses (Last 7 Years) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check for CA, MN or OK applicants only, if you would like to receive a copy of the consumer report if one is obtained.