

FORM A: Journeyperson Exam Candidates

Select the exam qualifications that you meet and complete the information requested.

Option 1: Department of Labor Apprenticeship Option 2: Four years of experience prior to 1/1/2010

Option 1: Candidates must have completed at least 42 months of credit in a Dept. of Labor registered apprenticeship program.
Please provide the following information from the Department of Labor Office of Apprenticeship Apprentice Indenture Agreement.

Apprentice Identification Number *:	Apprenticeship Start Date *:	Anticipated Completion Date*:
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Have you been issued advanced apprenticeship credit? Yes No

If yes, for how many hours?

Sponsor Name *:	Sponsor Department of Labor Program Number *:
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Sponsor Phone Number *	Sponsor E-mail Address
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Sponsor Mailing Address *	City, State Zip*
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Option 2: Candidates must have at least four years of experience prior to 2010. Complete the section, sign & notarize.
Notarized Affidavit of Employment Prior to 2010

I understand that this Notarized Affidavit of Employment is to be filed with the Iowa Plumbing and Mechanical Systems Board in conjunction with an exam candidate application. All statements contained herein are true and correct to the best of my knowledge. I understand that false or incorrect information provided by me in this verification or in my application for examination may result in the denial of a license application or revocation of a license, and may also subject me to civil and criminal proceedings. I understand that I may be required to provide additional information in support of this affidavit, and agree that all information in this affidavit and in my application may be verified and investigated.

I attest that I have met the work experience requirement necessary to sit for a journey level examination; specifically, that I possess at least forty-eight months of work experience completed prior to January 1, 2010, equivalent to a licensed apprentice. My experience was obtained at the following employers during the time periods listed.

Employer	City, State	Dates: MM/DD/YYYY to MM/DD/YYYY

Printed Name of Applicant:*	Date Signed:*
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Applicant Signature:

State of _____ County of _____ Sworn and Subscribed before me this _____ day of _____, 20____. _____ Notary Public Signature	Notary Stamp or Seal
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