



**EMPLOYER'S CERTIFICATION FORM**

THE ORIGINAL OF THIS COMPLETED FORM MUST BE SUBMITTED WITH THE APPLICATION FOR EXAMINATION OR REGISTRATION. THE APPLICANT AND THE MASTER PLUMBER SHOULD MAINTAIN COPIES OF THIS COMPLETED FORM FOR THEIR RECORDS.

1. Applicant Name (Print) \_\_\_\_\_ Phone No. \_\_\_\_\_

2. Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

3. Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

*Disclosure of your social security number is required. Your social security number is being solicited pursuant to Texas Family Code Section 231.302 for use by the state's Title IV-D agency to assist in the administration of laws relating to child support enforcement under Parts A and D of Title IV of the federal Social Security Act (42 U.S. C Sections 601-617 and 651-669).*

4. Plumber's Apprentice Registration No. \_\_\_\_\_ or Tradesman Plumber-Limited License No. \_\_\_\_\_

5. Category of registration or examination that the applicant is applying for at this time (circle one or more):

Drain Cleaner      Residential Utilities Installer      Tradesman Plumber-Limited      Journeyman Plumber

The Master Plumber signing below certifies that the above named applicant was employed by the Master Plumber as a learning Plumber's Apprentice or Tradesman Plumber-Limited Licensee, for the period(s) shown below. The Master Plumber bases this on his/her personal knowledge and will submit copies of supporting documentation if requested by the Board.

DATE(S) EMPLOYED		
FROM: MONTH / YEAR	TO: MONTH / YEAR	TOTAL HOURS
TOTAL OF HOURS LISTED ABOVE		

6. Name of Plumbing Company: Century Mechanical Contractors, Inc.

7. Address: 3008 Wichita Ct.

8. City: Fort Worth State: Texas Zip: 76140

9. Telephone Number: ( 817) 293-3803

I UNDERSTAND THAT SUPPLYING FALSE INFORMATION TO THE BOARD COULD RESULT IN LICENSE REVOCATION AND 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 \$4,000.00; (2) CONFINEMENT IN JAIL FOR A TERM NOT TO EXCEED ONE YEAR; OR (3) BOTH SUCH FINE AND CONFINEMENT. BY MY SIGNATURE BELOW I HEREBY AFFIRM THAT ALL OF THE FACTS, STATEMENTS, AND ANSWERS CONTAINED HEREIN ARE TRUE.

\_\_\_\_\_  
Signature of Responsible Master Plumber for the Company

William G. Jones, III  
Print Name of Responsible Master Plumber for the Company

M-13030  
Responsible Master Plumber License Number

\_\_\_\_\_  
Date