

FORM B



GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION

**BOARD OF INDUSTRIAL TRADES - PLUMBING AND GASFITTING
VERIFICATION OF LICENSURE**

TO: Pearson VUE, Dept. DC - PL
Metro-Plex I, Suite 250, 8401 Corporate Drive, Landover, MD 20785

FROM: _____
Name of State Board

Street Address City State Zip Code

Name of Applicant Social Security Number

Street Address City State Zip Code

The above named person was registered as a:

- ____ Journeyman Plumber ____ Master Plumber
- ____ Journeyman Gasfitter ____ Master Gasfitter
- ____ Journeyman Plumber/Gasfitter ____ Master Plumber/Gasfitter ____ Other

Examination Score _____ Date _____

Minimum Requirements were _____

Issue Date _____ License Number _____ Expiration Date _____

Education and Experience _____

Other Information _____

By: _____ Date _____

Title: _____

E-mail Address: _____

(Board Seal)