

# VIRGIN ISLANDS PLUMBERS' & MECHANICAL LICENSING BOARD

Department of Licensing and Consumer Affairs 3000 Estate Golden Rock, Suite 9
St. Croix, VI 00820-4311

Telephone: 340.713.3522 (DLCA) Facsimile: 340.773.6982 Attach 3 2x2 photos of Applicant here

#### APPLICATION FOR EXAMINATION

Part I

In accordance with the provisions of 27 V.I.C. Ch. 7, which regulates Trades & Crafts in the U.S. Virgin Islands, I hereby apply for the following examination:

Plumbing Examination \$300.00 HVAC Mechanic Exam \$200.00 Non-Refundable Application Fee \$50.00

\* Only the application fee will be accepted at the time application is submitted. Part II Full Name \_\_\_\_\_ Middle 1. Physical Address: 2. 3. Mailing Address: Business Address: 4. Business # ( ) \_\_\_\_\_ 6. Home # ( ) \_\_\_\_\_ 5. Birth Date: \_\_\_\_\_\_ 8. Birth Place: \_\_\_\_\_ 7. Citizenship: \_\_\_\_\_ 10. Naturalized: ( ) yes ( ) no 9. Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_ 11. Virgin Islands Resident? ( ) yes ( ) no If yes, how long? 12. Present Business Activity: \_\_\_\_ 13.

15. If ye	•	r been revoked? ( ) yes (	•		
			·····		
16.	Have you ever been o	censured for unprofessional	conduct? ( ) yes ( ) no		
If ye	s, please explain:				
17.	Have you ever been convicted of a felony? ( ) yes ( ) no				
If ye	s, please explain:				
Part					
licen one ( refer	nsed plumbers or hvac 1 (1) character reference tence letters must corre	ease provide two (2) professionechanical contractor, respection the space provided below spond with the names listed tembers and relatives of the	ectfully, in the industry and . Please note that the below and should be		
	Name	Address	Telephone #		
1.					
2.					
3					

In which state(s) do you currently hold registration/licensure: \_\_\_\_\_

14.

#### Part IV

19. EDUCATION/TECHNICAL TRAINING: (Please list in chronological order beginning with most recent)

Name & Address of Institution	Attendance From To	Technical Course	Graduation	Degree Received

20. EMPLOYMENT/EXPERIENCE: (Please list in chronological order your plumbing experience for the past 5 years. Use an additional sheet if necessary, following the same format or attach a resume.)

From To	Name, Address & Phone # of Employer	Name of Immediate Supervisor	Job Title and Description

<sup>\*</sup>All information must be verifiable. Any false information may be reason for denial of application.

#### Part V

## AFFIDAVIT (Must be completed by all applicants)

State of	
Territory of	
Country of	
I,, being duly sw person who executed the foregoing instrument; that I hav	orn, depose and say that I am the
thereof; that the matters stated therein are true to my known information that might affect this application; and that I have	wledge; that I have not suppressed any
	A 1' (1 0'
	Applicant's Signature
Sworn and Subscribed before me this day of	, 20
	Notore Dublic
	Notary Public
	My Commission expires on
Do not write below this line:	
BOARD DISPOSITION:	
Application Approved: ( ) YES ( ) NO	
Signature, Chairman of the Board Date	
Member Member	per
Member Memb	per

#### **EXAM AND LICENSURE REQUIREMENTS**

#### APPLICANT FOR EXAMINATION

- 1. Must be a resident of the Virgin Islands for at least 30 days immediately prior to submitting application for examination.
- 2. Must submit 2 letters of professional reference from persons with knowledge of applicant's work in the field specified and 1 letter of favorable character testimony.
- 3. Provide evidence of at least 5 years' experience in the specified trade.
- 4. Copy of current registration/licensure.
- 5. Copy of Certification from Trade School (if applicable).
- 6. Application fee of \$25.00.
- \* All applicants will be required to sit both a written and practical examination.

#### APPLICATION FOR LICENSURE

Upon successful completion of the examination, applicant must select the licensure he/she wishes to pursue.

### An applicant for a Master Plumber or Master Mechanic (HVAV) License must provide to the Board the following:

- 1. Completed business license application approved by DPNR, VIFS & VIPD.
- 2. Certificate of Trade Name Registration (If applicable).
- 3. Letter from a financial institution stating the applicant is in good standing.
- 4. License fee of \$130.00, which covers licensure for one (1) year from date of issuance.
- \* A holder of a Master Plumber's or Master Mechanic's License shall not employ more than one full or part-time apprentice or journeyman.

## An applicant for a Plumbing Contractor or Air Conditioning/Refrigeration Contractor License must provide to the Board the following:

- 1. Completed business application approved by DPNR, FIRE & POLICE.
- 2. Employer Identification Number (EIN).
- 3. Certificate of Trade Name Registration (if applicable).
- 4. Letter from a financial institution stating the applicant is in good standing.
- 5. Proof of Public Liability Insurance.
- 6. Workman's Compensation Insurance (if applicable).
- 7. License fee of \$130.00, which covers licensure for one (1) year from date of issuance.

Notice: Title 27 V.I.C. § 275 "Whoever violates or refuses to comply with any provisions of this chapter or any rule or regulation thereunder shall be fined not more than \$500.00 for each and every violation or act of non-compliance."