Tennessee Plumbing Exam Pre-Approval Request



Please return to the <u>Board for Licensing</u> <u>Contractors</u>. Include "Plumbing Exam Pre-Approval" as the subject, and send by email or fax:

Email: contractors.home-improvement@tn.gov

FAX: (615) 532-2868

BOARD FOR LICENSING CONTRACTORS

500 JAMES ROBERTSON PARKWAY, DAVY CROCKETT TOWER, 4TH FLOOR, NASHVILLE, TN 37243-1150 615-741-8307 / 615- 253-5741 / Website: http://www.tn.gov/commerce/section/contractors-home-improvement

Pre-Approval is required by the Tennessee Board for Licensing Contractors in order to take the Tennessee Mechanical Plumbing for <u>CMC-A</u> or <u>CMC</u>. Must provide verification of at least three (3) years plumbing work experience.

Prior to registering for exam with PSI, please return completed form and any applicable attachments to the Tennessee Board for Licensing Contractors by email, fax or may also send by mail to the above address. Once approved, the board will notify PSI by e-mail within 3 days.

Exam Requested							
☐ CMC-A (Plumbing) ☐ CMC (Mechanical & Plumbing)							
Name:	me: Jr., Sr., III, IV / SSN:						
Address:							
		City	St	tate	Zip Code		
Telephone: () Cell ()		Fax ()	-		
Email Address:							
 May attach a copy of plumbing license from the plumbing contractor? If yes, Name of Contractor: May attach a copy of W-2's from employee an Engineering Degree in the Plumbing If yes, attach copy of documentation in liem. Notarize I hereby certify, I am at least 18 years of age, have at submitted within this request for approval to take plumbing. 	DNo DY Dyment with Ding or Mecheu of comple	es – License IDa a plumbing cor anical field? ting pages 2 - 3	# ntractor as ex INo □Yes ing work expe	erience, ar	n lieu of page 3		
Applicant Signature							
Affirmed, witnessed and subscribed before me this	day o	of	, 20		-		
Notary Public Signature	I	My Commission	Expires:				
	Office U	se Only					
☐ Incomplete/Hold for: Date:	//	_	·	Date:	//		

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☐ Page 2 - Required (☐ *Page 2 - Not Applic	(No plumbing license) able (Engineering degree)		pplicable <i>(Plumbing l</i>	license attached)			
*In lieu of completing this page 2, you may attach copies of W-2's for the past three (3) years from employment with a plumbing contractor, or attach copy of active plumbing license from another municipality or government agency.							
Verification of Plumbing Work Experience and/or Local License Tennessee Plumbing Exam Pre-Approval Request							
Please provide verifica	e completed by Plum ation of at least three (: umbing) or CMC (Mecha	years plumbing work		er to be approved to tak	ce the		
Name:							
	Cell						
Plumbing Exam Ap	plicant's Signature: _				_		
work experience as a rexam. Our Board appropriate plumber applying to take Section B - Comple Section B - Comple Employer/Plumb or Licensing Agenc Type of Licen Licensed By: Exam Typ Section B - Comple Type of Licen Licensed By: Not Applied Verification:	requirement in order to be reciates your assistance are the exam. ted by: ing Contractor: y (County/City/Municipality se:	Permit Office): rneyman	CMC-A or CMC me Please complete, s ce State O Score: ication	therDate:	actor's to the		
	he best of my knowle Numbing work experie		ed plumbing exam	applicant has the follo	owing		
Experience:	☐ 0 – 12 months	☐ More than 1 year	☐ 3 years or more	e			
Type of Plumbing: ☐ Other:	□Sewage □Fixtures □Water Piping	□Backflow □Water Heater □Gas Piping	☐Connection to I☐Installation of A☐Sprinkler/Fire F☐Irrigation/Lawn	ppliances Protection			
			J	•			
Print Na	ame	Signature		Title			

Note: Applicants requesting exam pre-approval may \underline{not} sign **Section B** for themselves; must be signed by the appropriate person verifying plumbing work experience for the applicant.

□ Page 3/Experience - Required (W-2's not attached) □ *Page 3/Experience - Not Required (3 yrs. of W-2's Attached) □ *Page 3/Experience - Not Required (Engineering degree)								
Plumbing Work Experience Tennessee Plumbing Exam Pre-Approval Request								
	imbing work demonstrating a to eded). May attach a resume that	` , ,	s' experience (may copy and attach as below.					
1. Employed as:	☐ Contractor/Plumber	☐ Subcontractor	☐ Employee of Contractor					
Name of Employer; or		Date:	_// to/					
Address:								
Telephone:()	Email:							
Type of Work Performed	l:							
2. Employed as:	☐ Contractor/Plumber	☐ Subcontractor	☐ Employee of Contractor					
Name of Employer; or Customer:		Date:	_// to/					
Address:								
Telephone:()	Email:							
Type of Work Performed	l:							
3. Employed as:	☐ Contractor/Plumber	☐ Subcontractor	☐ Employee of Contractor					
Name of Employer; or Customer:		Date:	/to/					
Address:								
Telephone:()	Email:							
Type of Work Performed	l:							
4. Employed as:	☐ Contractor/Plumber	☐ Subcontractor	☐ Employee of Contractor					
Name of Employer; or Customer:		Date:	/ to/					
Address:								
Telephone:()	Email:							

Type of Work Performed: