

Tennessee Plumbing Exam Pre-Approval Request

Please return to the Board for Licensing Contractors. Include **"Plumbing Exam Pre-Approval"** as the subject, and send by email or fax:
Email: Contractor.App@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 **CMC-A** or **CMC**. 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: _____ Jr., Sr., III, IV / SSN: _____ - _____ - _____

Address: _____
City State Zip Code

Telephone: (_____) _____ - _____ Cell (_____) _____ - _____ Fax (_____) _____ - _____

Email Address: _____

Experience (Attach pages 2 and 3)

1. Please attach verification from municipality/county/city permit office of plumbing work (page 2)
 - May attach a copy of plumbing license from another agency as verification in lieu of page 2
2. Are you an employee of a plumbing contractor? No Yes – License ID# _____
 - If yes, Name of Contractor: _____
 - May attach a copy of W-2's from employment with a plumbing contractor as experience in lieu of page 3
3. Do you have an Engineering Degree in the Plumbing or Mechanical field? No Yes
 - If yes, attach copy of documentation in lieu of completing pages 2 - 3

Notarize

I hereby certify, I am at least 18 years of age, have at least three (3) years plumbing work experience, and the information submitted within this request for approval to take plumbing exam is true and correct to the best of my knowledge.

Applicant Signature

Affirmed, witnessed and subscribed before me this _____ day of _____, 20_____

Notary Public Signature

My Commission Expires:

Office Use Only

Incomplete/Hold for: _____ Date: ____/____/____ Approved: _____ Date: ____/____/____

- Page 2 - Required (No plumbing license) *Page 2 - Not Applicable (Plumbing license attached)
 *Page 2 - Not Applicable (Engineering degree)

**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

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SECTION A: To be completed by Plumbing Exam Applicant

Please provide verification of at least three (3) years plumbing work experience in order to be approved to take the Tennessee CMC-A (Plumbing) or CMC (Mechanical) exam.

Name: _____

Address: _____

Telephone: (____) ____ - ____ Cell:(____) ____ - ____ Fax:(____) ____ - ____

Plumbing Exam Applicant's Signature: _____

SECTION B: To be completed & signed by Past **Plumbing** Employer, Contractor, or Licensing Agency

Pursuant T.C.A. § 62-6-111(I), the above named applicant is required to provide verification of **three (3) years** plumbing work experience as a requirement in order to be approved to take the CMC-A or CMC mechanical plumbing contractor's exam. Our Board appreciates your assistance, time and cooperation. Please complete, sign and return this page to the plumber applying to take the exam.

Section B - Completed by:

Employer/Plumbing Contractor: _____

or

Licensing Agency (County/City/Municipality Permit Office): _____

Type of License: Master Journeyman Apprentice State Other- _____

Licensed By:

Exam Type: Block NAI PSI Other: _____ Score: _____ Date: _____

Endorsement: State City County Other: _____

Not Applicable - Non-license type of experience verification

Verification:

It is my opinion, to the best of my knowledge, the above named plumbing exam applicant has the following amount and type of plumbing work experience:

Experience: 0 – 12 months More than 1 year 3 years or more

Type of Plumbing: Sewage Backflow Connection to Potable Water

Fixtures Water Heater Installation of Appliances

Water Piping Gas Piping Sprinkler/Fire Protection

Other: _____ Irrigation/Lawn Sprinklers

Print Name

Signature

Title

*Note: Applicants requesting exam pre-approval may 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

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Please list specific plumbing work demonstrating a total of at least **three (3) years' experience** (may copy and attach additional pages if needed). May attach a resume that includes same information as below.

1. Employed as: Contractor/Plumber Subcontractor Employee of Contractor

Name of Employer; or
Customer: _____ Date: ____/____/____ to ____/____/____

Address: _____

Telephone:(____) _____ - _____ Email: _____

Type of Work Performed: _____

2. Employed as: Contractor/Plumber Subcontractor Employee of Contractor

Name of Employer; or
Customer: _____ Date: ____/____/____ to ____/____/____

Address: _____

Telephone:(____) _____ - _____ Email: _____

Type of Work Performed: _____

3. Employed as: Contractor/Plumber Subcontractor Employee of Contractor

Name of Employer; or
Customer: _____ Date: ____/____/____ to ____/____/____

Address: _____

Telephone:(____) _____ - _____ Email: _____

Type of Work Performed: _____

4. Employed as: Contractor/Plumber Subcontractor Employee of Contractor

Name of Employer; or
Customer: _____ Date: ____/____/____ to ____/____/____

Address: _____

Telephone:(____) _____ - _____ Email: _____

Type of Work Performed: _____
