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## AGENDA

### THE INDIANA PLUMBING COMMISSION

Wednesday, July 23, 2008  
at 8:00 a.m.

Indiana Government Center-South  
402 West Washington Street, Room W072  
Indianapolis, Indiana

- I. REVIEW OF APPLICATIONS 8:00 a.m.
- II. CALL TO ORDER & ESTABLISHMENT OF QUORUM 9:30 a.m.
- III. ADOPTION OF THE AGENDA
- IV. ADOPTION OF THE MINUTES FROM MAY 28, 2008 MEETING OF THE COMMISSION
- V. PERSONAL APPEARANCES 9:45 a.m.
  - A. Phillip Wenger (*Reinstatement of License*)
  - B. Gilbert A. Ruehl (*Reinstatement of License*)
  - C. Howard P. Cahill (*Reinstatement of License*)
  - D. Robert Coulter (*Reinstatement of License*)
  - E. Cathie D. Knear (*Reinstatement of License*)
- VI. PRESENTATION  
By Vendors regarding RFP 07-72
- VII. ADMINISTRATIVE HEARINGS
  - A. In the Matter of the Application of Nathan Bousman 10:30 a.m.  
Cause No.: IPC 08-10  
Re: Appeal of Denial of Licensure as a Journeyman Plumber
- VIII. PETITIONS FOR REVIEW
  - A. Brent Smith (withdrawn)
- IX. DELIBERATIONS AND POSSIBLE ISSUANCE OF FINAL ORDER  
None.
- IX. CONSIDERATION OF ADMINISTRATIVE LAW JUDGE ORDERS
  - A. Daniel J. Hrasch  
Cause No.: IPC 08-09  
Re: Appeal of Denial to Sit for the Journeyman Plumber Exam
  - B. Jeremy Dykhuizen  
Cause No.: IPC 08-08  
Re: Appeal of Denial of Licensure as a Journeyman Plumber

**X. EXAMINATION LICENSURE/UNLICENSED PRACTICE**

- A. Dan Rueille (Jeffrey Troutman) – Alert Plumbing
- B. Justin Dorsey (Jason Sullivan) – Mr. Rooter Plumbing
- C. Robert T. Tippmann (David Tippman) – Tippmann heating and Air LLC
- D. Phil Schroering (Adam Wahl) – Schroering Plumbing, Heating & A/C, LLC

**X. APPLICATIONS FOR APPROVAL – PLUMBING APPRENTICE SCHOOL**

- A. South Central Indiana Association of Plumbing, Heating and Cooling Contractors
- B. Fort Wayne Area Plumbing, Heating and Cooling Contractors, Inc.
- C. ARS of Indiana

**XI. APPLICATIONS FOR LICENSURE**

- A. Plumbing Contractor
- B. Journey Plumber
- C. Apprentice Plumber

**XII. REVIEW OF PROBATIONARY REPORTS**

Lewis Marcotte, IPC 07-12 (*received 5/28/2008 - 6/26/2008 - 7/27/2008*)

**XIII. DISCUSSION**

- A. Request for Reinstatement of a Journeyman Plumber License  
Re: Dale Funk
- B. Request for Renewal of Temporary Plumbing Contractor's License (3<sup>rd</sup> Request)  
Re: Two Guys Plumbing

**XIV. BOARD DIRECTOR'S REPORT**

- A. New Security Entry into Building
- B. Legislative Proposals

**XV. OLD/NEW BUSINESS**

- A. Proposed Rules/Statute Changes  
Re: Changes for Exam and Fees Rule Draft (LSA # 08-538)
- B. Petitions for Reinstatement  
Re: Guidelines for Submittals

**XVI. ADJOURNMENT**

**Next Scheduled Meeting:**

Wednesday, September 24, 2008  
Indiana Government Center-South  
Room W072



## Indiana Plumbing Commission

402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 234-3022  
Fax: (317) 233-4236  
Website: [www.pla.IN.gov](http://www.pla.IN.gov)

Governor Mitchell E. Daniels, Jr

Philip Lavon Wenger  
28329 CR 32  
Elkhart IN 46517

May 16, 2008

Dear **Philip Lavon Wenger**:

The Indiana Plumbing Commission reviewed your request for reinstatement of licensure and supporting documentation at their recent commission meeting.

The commission has scheduled you for a personal appearance on **Wednesday, July 23, 2008 at 9:45 a.m.** at the Indiana Government Center South, Room W072, Indianapolis, Indiana.

Please bring any pertinent documentation concerning your request for reinstatement such as:

1. Place of employment since expiration of your license.
2. Type of work done since the expiration of your license.
3. Proof of an active plumbing license in another state.
4. Any other information which will show the commission your readiness to practice plumbing safely.

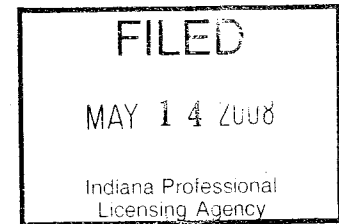
If at any time during this review process you feel that you do not meet the requirements and are not able to provide the necessary documentation, you may withdraw your request for reinstatement. To do so, please submit a letter in writing to our office requesting that your request for reinstatement be withdrawn. If you do not make a personal appearance as requested or submit a request to withdrawal to be received by our office one week before the commission meeting, your request for reinstatement may be denied.

If further information is needed, please feel free to contact our office at (317) 234-3022 or via email at [pla10@pla.IN.gov](mailto:pla10@pla.IN.gov).

Sincerely,

Lorrie Ruble  
Case Manager  
State Board of Registration for Professional Engineers

Philip L. Wenger  
28329 CR 32  
Elkhart, IN 46517  
Ph & Fx: (574) 862-2501



Sent VIA Facsimile (317) 233-4236

May 14, 2008

Indiana Plumbing Commission  
Attn: Mary K. Adams  
402 West Washington Street, Room W072  
Indianapolis, IN 46204

Dear Mary:

I am scheduled to make a personal appearance before the plumbing commission on Wednesday, May 28<sup>th</sup> at 9:45am for a journeyman plumbing license.

I will be unable to make this appointment due to other commitments. I would like to extend my appearance before the plumbing commission to July 23<sup>rd</sup>. Please notify me in writing by mail or fax that this is acceptable.

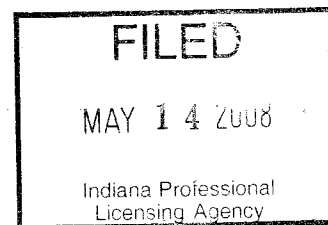
Thank you for your assistance in this matter.

Sincerely,

*Philip Wenger*

Philip L. Wenger

Philip L. Wenger  
28329 CR 32  
Elkhart, IN 46517  
Ph & Fx: (574) 862-2501



Sent VIA Facsimile (317) 233-4236

May 14, 2008

Indiana Plumbing Commission  
Attn: Mary K. Adams  
402 West Washington Street, Room W072  
Indianapolis, IN 46204

Dear Mary:

I am scheduled to make a personal appearance before the plumbing commission on Wednesday, May 28<sup>th</sup> at 9:45am for a journeyman plumbing license.

I will be unable to make this appointment due to other commitments. I would like to extend my appearance before the plumbing commission to July 23<sup>rd</sup>. Please notify me in writing by mail or fax that this is acceptable.

Thank you for your assistance in this matter.

Sincerely,

Philip L. Wenger



## Indiana Plumbing Commission

402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 234-3022  
Fax: (317) 233-4236  
Website: [www.pla.IN.gov](http://www.pla.IN.gov)

Governor Mitchell E. Daniels, Jr

Philip Lavon Wenger  
28329 CR 32  
Elkhart IN 46517

April 7, 2008

Dear **Philip Lavon Wenger**:

The Indiana Plumbing Commission reviewed your request for reinstatement of licensure and supporting documentation at their recent commission meeting.

The commission has scheduled you for a personal appearance on **Wednesday, May 28, 2008 at 9:45 a.m.** at the Indiana Government Center South, Room W072, Indianapolis, Indiana.

Please bring any pertinent documentation concerning your request for reinstatement such as:

1. Place of employment since expiration of your license.
2. Type of work done since the expiration of your license.
3. Proof of an active plumbing license in another state.
4. Any other information which will show the commission your readiness to practice plumbing safely.

If at any time during this review process you feel that you do not meet the requirements and are not able to provide the necessary documentation, you may withdraw your request for reinstatement. To do so, please submit a letter in writing to our office requesting that your request for reinstatement be withdrawn. If you do not make a personal appearance as requested or submit a request to withdrawal to be received by our office one week before the commission meeting, your request for reinstatement may be denied.

If further information is needed, please feel free to contact our office at (317) 234-3022 or via email at [pla10@pla.IN.gov](mailto:pla10@pla.IN.gov).

Sincerely,

Sylvia S. Grinstead  
Case Manager  
State Board of Registration for Professional Engineers

Personal Appearance

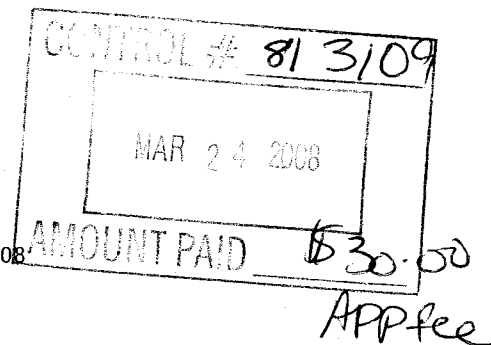
4



Indiana Plumbing Commission  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 234-3022  
Fax: (317) 233-5559  
Website: [www.pla.IN.gov](http://www.pla.IN.gov)

Governor Mitchell E. Daniels, Jr

Philip Lavon Wenger  
28329 CR 32  
Elkhart IN 46517



March 19, 2008

### CORRECTED LETTER

Dear Philip Lavon Wenger:

This letter is in regards to the status of your plumbing license. Your license to practice plumbing expired 12-31-03, which is more than three years. The agency is in receipt of your fee of \$80.00. Since it's over the three years you must pay the application fee of \$30.00, please submit the payment with the letter attached before March 24, 2008. Following is the correct statutory information pertaining to your situation.

Recently, our office received several inquires from plumbers in your situation wanting to know how to have a lapsed license renewed or reinstated. Upon receipt of these requests, we were prompted to take a close look at the code cites which govern the reinstatement of delinquent licenses. Based upon this review, it was determined that according to IC 25-1-8-6 (d) you are eligible for the reinstatement of your lapsed plumbing license. IC 25-1-8-6 (d) states in pertinent part:

(d) Notwithstanding any other law regarding the reinstatement of a delinquent or lapsed license, certificate, or registration, unless a statute specifically does not allow a license, certificate, or registration to be reinstated if it has lapsed for more than three (3) years, the holder of a license, certificate, or registration that was issued by the board that is more than three (3) years delinquent must be reinstated upon meeting the following requirements:

- (1) Submission of the holder's completed renewal application.
- (2) Payment of the current renewal fee established by the board under section 2 of this chapter.
- (3) Payment of a reinstatement fee equal to the current initial application fee.
- (4) If a law requires the holder to complete continuing education as a condition of renewal, the holder shall provide the board with a sworn statement, signed by the holder, that the holder has fulfilled the continuing education requirements required by the board for the current renewal period.
- (5) Complete such remediation and additional training as deemed appropriate by the board given the lapse of time involved.
- (6) Any other requirement that is provided for in statute or rule that is not related to fees.

Therefore, although your license has lapsed for more than three years, upon receipt of the above listed your request for reinstatement will be presented to the board for them to determine the appropriate remediation and additional training needed. Please understand that we will not be able to update your license to active status until you have provided all of the above listed and the board has reviewed that information. If you have any questions or need additional information, please do not hesitate to contact our office.

Sincerely,

Lorrie Ruble  
Case Manager  
Indiana Plumbing Commission

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Renewal fee

PHILIP WENGER  
 GLORIA J WENGER  
 PH. 574-862-2501  
 28329 COUNTY RD 32  
 ELKHART, IN 46517

812836

1486  
 71-9101/2712  
 04

Mar 15, 2008 DATE

PAY TO THE ORDER OF Indiana Professional Licensing Agency \$ 80.00

Eighty dollars and no/100

**FBCU**  
 FARM BUREAU CREDIT UNION  
 P.O. Box 727, Goshen, IN 46527-0727  
 FOR JP 02073491

Gloria J. Wenger MP

⑆ 271291017⑆ ⑆ 200336990⑆ ⑆ 1488

Security Features Details on Back

Expired Journeyman Plumber

DATE EXPIRED	RENEWAL FEE	Please Circle your answer to ALL the following questions: SINCE YOU LAST RENEWED YOUR LICENSE: (if yes to questions 1-3, please attach details of action taken)
-12/31/2003	**See Below	
LICENSE NUMBER	CURRENT STATUS	
JP02073491	Expired	1. Has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending? YES <input type="radio"/> NO <input checked="" type="radio"/>
Philip Lavon Wenger 28329 CR 32 Elkhart IN 46517		2. Have you been denied a license, certificate, registration, or permit in any state? YES <input type="radio"/> NO <input checked="" type="radio"/>
ENTER HOME ADDRESS CORRECTIONS BELOW		3. Have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending? YES <input type="radio"/> NO <input checked="" type="radio"/>
CONTROL # 812836		You must sign and date below. By signing this form, you are attesting that the information on this renewal is true and correct and that you have met all required continuing education hours if applicable. This form will be returned if it is not correctly completed which will delay the renewal.
MAR 19 2008		
AMOUNT PAID \$ 80.00		Philip Lavon Wenger Signature
		3-15-08 Date

Remove at perforation

Remove at perforation

Remove at perforation

Make check payable to: Indiana Professional Licensing Agency  
 Mail to: Attn: Plumbing Commission  
 402 W. Washington St. Room W072  
 Indianapolis, IN 46204



Indiana Plumbing Commission  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 234-3022  
Fax: (317) 233-5559  
Website: [www.pla.IN.gov](http://www.pla.IN.gov)

Governor Mitchell E. Daniels, Jr

Philip Lavon Wenger  
28329 CR 32  
Elkhart IN 46517

March 7, 2008

JP02073491  
12/31/2003

Dear Philip Lavon Wenger

This letter is in regards to the status of your plumbing license. Your license to practice plumbing expired December 31, 2005, thus you did not receive a renewal application for the 2007 renewal.

Recently, our office received several inquires from plumbers in your situation wanting to know how to have a lapsed license renewed or reinstated. Upon receipt of these requests, we were prompted to take a close look at the code cites which govern the reinstatement of delinquent licenses. Based upon this review, it was determined that according to IC 25-1-8-6 (c) you are eligible for the reinstatement of your lapsed plumbing license. You are required to submit the following:

1. A completed renewal application.
2. Payment of the current renewal fee.  
(\$100.00 for Contractors and \$30.00 for Journeymen)
3. Payment of the reinstatement fee of \$50.00.

At this time, if you would like to have your license reinstated, please contact our office to request a renewal form. You may contact our office via email at [pla10@pla.in.gov](mailto:pla10@pla.in.gov) or by telephone at (317) 234-3022. Please understand that we will not be able to update your license to active status until you have provided all of the above listed.

If you have any questions or need additional information, please do not hesitate to contact our office.

Sincerely,

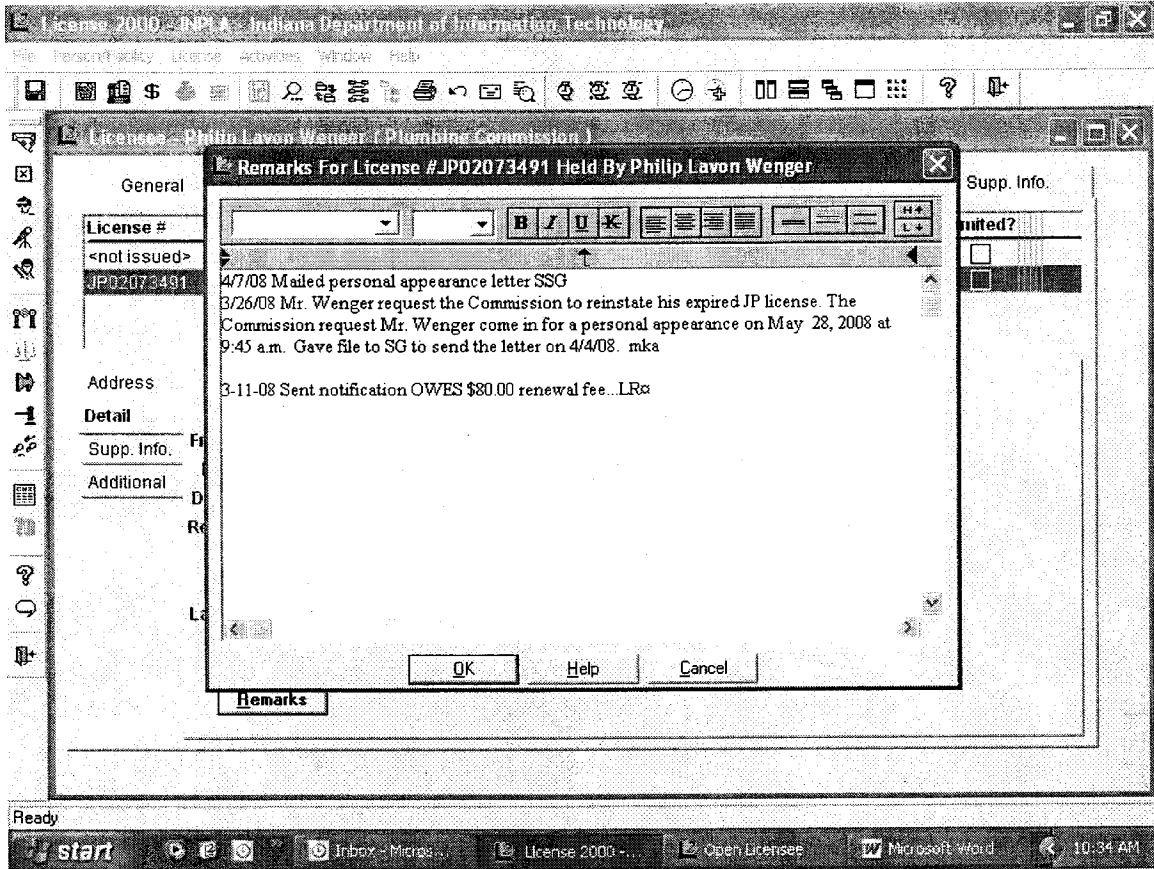
Lorrie Ruble  
Case Manager  
Indiana Plumbing Commission

RECEIVED

MAR 19 2008

Indiana Professional  
LICENSING Agency

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Licensee - Philip Lavon Wenger ( Plumbing Commission )

License #	Type	Status	Probation?	Limited?
<not issued>	Journeyman Plumber	Null and Void/Error	<input type="checkbox"/>	<input type="checkbox"/>
JP02073491	Journeyman Plumber	Expired	<input type="checkbox"/>	<input type="checkbox"/>

**Address**      **Issue Date:** 01/01/1900      **Applicant Number:** 263929  
**Detail**      **Obtained By:** Examination  
**Supp. Info.**      **From State Prov.:**      **From Country:**  
**Additional**      **Expiration Date:** 12/31/2003  
**Date This Status:** 03/07/2008      **Last Renewal Date:** 12/05/2001      **Renewal ID:**  
**Reason Changed:** Expired License Renewal  
**Date Archived:**  
**Effective Date:** 01/01/1900  
**Last Reprint Date:**  
**Reprint Count:** 0

Remarks



Indiana Plumbing Commission  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 234-3022  
Fax: (317) 233-5559  
Website: [www.pla.IN.gov](http://www.pla.IN.gov)

Governor Mitchell E. Daniels, Jr

**Philip Lavon Wenger**  
28329 CR 32  
Elkhart IN 46517

March 7, 2008

**JP02073491**  
**12/31/2003**

Dear **Philip Lavon Wenger**

This letter is in regards to the status of your plumbing license. Your license to practice plumbing expired December 31, 2005, thus you did not receive a renewal application for the 2007 renewal.

Recently, our office received several inquires from plumbers in your situation wanting to know how to have a lapsed license renewed or reinstated. Upon receipt of these requests, we were prompted to take a close look at the code cites which govern the reinstatement of delinquent licenses. Based upon this review, it was determined that according to IC 25-1-8-6 (c) you are eligible for the reinstatement of your lapsed plumbing license. You are required to submit the following:

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At this time, if you would like to have your license reinstated, please contact our office to request a renewal form. You may contact our office via email at [pla10@pla.in.gov](mailto:pla10@pla.in.gov) or by telephone at (317) 234-3022. Please understand that we will not be able to update your license to active status until you have provided all of the above listed.

If you have any questions or need additional information, please do not hesitate to contact our office.

Sincerely,

Lorrie Ruble  
Case Manager  
Indiana Plumbing Commission



Indiana Plumbing Commission  
402 W. Washington St. Room W072  
Indianapolis, IN 46204  
Tel : (317) 234-3022  
Fax : (317) 233-4236  
Website: [www.pla.in.gov](http://www.pla.in.gov)

Governor Mitchell E. Daniels, Jr.

January 23, 2008

Philip Lavon Wenger  
28329 CR 32  
Elkhart IN 46517

## INCOMPLETE NOTIFICATION

Upon review of your application for licensure in the State of Indiana, we have found that further evaluation cannot be performed until the following documents have been submitted.

The check received was to the City of Indianapolis and incorrect fee. Please submit a fee of \$30.00 made payable to Indiana Professional Licensing Agency.

It is your responsibility to see that proper documentation is received. Your immediate attention to this matter is greatly appreciated. If you have made arrangements for the documentation noted above to be sent to this office, please disregard this notice. When all documentation is received, the Indiana Plumbing Commission will review your file.

***When a "notarized copy" is requested the notary must make the statement that this document is an exact copy of the original. Documents with just a notary seal will not be accepted.***

**\*\*To promote better service, we ask that you also supply us with your email address.\*\***

If you have any questions, please contact us by email at [pla10@pla.IN.gov](mailto:pla10@pla.IN.gov) or by phone at (317) 234-3022.

Lorrie Ruble  
Case Manager  
Indiana Plumbing Commission

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JOURNEYMAN

APPLICATION CHECKLIST

APPLICANT NAME:

Wenger, Philip

IC 25-28.5-1-13



\$30 FEE pending  
AT LEAST 18 YEARS OF AGE  
APPRENTICE LICENSE #  
JOURNEYMAN LICENSE #

JPO 2073491

EXPIRATION DATE

12/31/03

Jenn 12/31/07

APPLYING WITH TRAINING OR EXPERIENCE, CHOOSE ONE:



4 YEARS OF TRAINING IN AN APPROVED APPRENTICESHIP PROGRAM (SECTIONS 1 AND 3)

\* IS PROGRAM APPROVED?

YES

NO

\* SIGNATURE OF MANAGER/SPONSOR?

YES

NO

\* NUMBER OF YEARS COMPLETED:

\* SECTION ONE AND APPLICATION NOTARIZED

YES

NO



4 YEARS EXPERIENCE IN PLUMBING TRADE (SECTIONS 2 AND 3)

\* ALL EXPERIENCE UNDER LICENSED PLUMBING CONTRACTOR(S)?

YES

NO

\* CORPORATE PLUMBING CONTRACTOR LICENSE #:

EXPIRES:

\* PLUMBING CONTRACTOR LICENSE #:

EXPIRES:

\* SECTION TWO AND APPLICATION NOTARIZED

YES

NO



LENGTH OF EMPLOYMENT:

4 yrs

\* EXPERIENCE TOTALS AT LEAST 4 YEARS?

YES

NO

EMPLOYER AFFIDAVITS:

YES

NO

APPLICATION AFFIDAVITS:

YES

NO



HAS A CONVICTION RECORD



DOCUMENTATION ATTACHED



DOCUMENTATION REQUESTED



APPLICATION COMPLETE  
APPLICATION NOTARIZED

ADDITIONAL SUPPORTING DOCUMENTATION

im for fee wrong checks sent in

COMMISSION ACTION SECTION



APPROVED

TABLED, PENDING RECEIPT OF THE FOLLOWING:



DENIED

REASON FOR DENIAL:

STATUTE IC

RULE 860 IAC

COMMENTS:

COMMISSION SIGNATURE

DATE

COMMISSION SIGNATURE

DATE



# APPLICATION FOR JOURNEYMAN PLUMBER EXAMINATION FOR LICENSING

State Form 40602 (R10 / 11-02)  
Approved by State Board of Accounts, 2002

CONTROL # \_\_\_\_\_  
JAN 22 2008  
AMOUNT PAID

Indiana Professional Licensing Agency  
302 W. Washington St., Rm. E034  
Indianapolis, IN 46204-2700  
(317)-232-2980  
www.in.gov/pla

FEE: \$30.00

ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

S: _____		* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1; it is mandatory that it be given. Social Security numbers are made available to the Department of Revenue.	
Name of applicant <b>Philip Lavon Wenger</b>		Date of birth (month, day, year) <b>6-16-50</b>	
Address (number and street, city, state, ZIP code) <b>28329 CR 32, Elkhart IN 46517</b>			
County <b>Elkhart</b>		Telephone number <b>574-862-2501</b>	
Have you ever been convicted of a crime? (if "Yes", provide a copy of the court order and any pertinent documents) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

### INSTRUCTIONS:

- If you are applying on the basis of having completed four (4) years of training in an approved apprenticeship program, please complete Sections one (1) and three (3).
- If you are applying on the basis of having completed four (4) years of experience in the plumbing trade, please complete Sections two (2) and three (3).

SECTION ONE	
APPROVED APPRENTICESHIP PROGRAM SPONSOR CERTIFICATION OF COMPLETION	
I have successfully completed the following four (4) years of training in an approved apprenticeship program, satisfying the requirements as defined in commission rule, 860 IAC 1-1-9, as verified by the sponsor of the approved apprenticeship program, herein:	
Name of apprenticeship program sponsor	Telephone number
Address (number and street, city, state, ZIP code, county)	
Date of enrollment (month, year)	Date of completion (month, year)
I hereby certify that _____ successfully completed four (4) years of training in an approved apprenticeship program. Name of apprentice	
Date of enrollment	Signature of manager of approved apprenticeship program sponsor
Date of completion	Date signed

RECEIVED

NOTARY CERTIFICATE		
STATE OF _____	} SS:	JAN 22 2008
COUNTY OF _____		Indiana Professional Licensing Agency
I, _____, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.		
Signature of manager of approved apprenticeship program sponsor	Signature of Notary Public	
Printed or typed name of manager of approved apprenticeship program sponsor	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

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**SECTION TWO**

I have completed the following four (4) years of experience in the plumbing trade, satisfying the requirements as defined in commission rule, 860 IAC 1-1-9 and 860 IAC 1-1-10, as verified by employer, attached herewith:

Name of employer <b>Crystal Valley Heating + Air Conditioning</b>	Plumbing contractor license number (if applicable): PC <b>19900063</b>
Address (number and street, city, state, ZIP code) <b>800 S. CR 37, Middlebury, IN 46540</b>	
County <b>Elkhart</b>	Telephone number <b>574-825-2611</b>
Dates of employment (month, day, year): From <b>11-9-92</b> To <b>Present</b>	
Name of employer <b>James P. Pletcher</b>	Plumbing contractor license number (if applicable): PC <b>19900063</b>
Address (number and street, city, state, ZIP code) <b>400 Twin Oaks Dr. Middlebury In. 46540</b>	
County <b>Elkhart</b>	Telephone number <b>574-825-2611</b>
Dates of employment (month, day, year): From <b>2/15/92</b> To <b>present</b>	

**APPLICANT AFFIDAVIT OF EXPERIENCE IN PLUMBING TRADE**

I hereby certify that I, Philip Lavon Wenger have worked in the plumbing trade as defined in commission rule 860 IAC 1-1-9, for the period of 11-9-92 to Present for Crystal Valley Heating + Air Conditioning

Name of applicant Day, month, year Day, month, year Name of company or plumbing business

Crystal Valley Heating + Air Conditioning  
Name of employer or licensed contractor  
800 S. CR 37, Middlebury IN 46540  
Address (number and street, city, state, ZIP code)

I further certify that I am unable to obtain an employer affidavit verifying the aforementioned experience in the plumbing trade due to the following reason(s):

Signature of applicant <i>Philip L Wenger</i>	Date signed
--	-------------

**RECEIVED**

**NOTARY CERTIFICATE**

STATE OF Indiana  
 COUNTY OF Elkhart } SS:

I, Philip Lavon Wenger, having been duly sworn on or before this day, am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of applicant: *Philip L Wenger*  
 Printed or typed name of applicant: Philip Lavon Wenger  
 Date subscribed and sworn to Notary Public: 1.17.08

Signature of Notary Public: *Stacy A. Michael*  
 Printed or typed name of Notary Public: Stacy A. Michael  
 County of residence: Elkhart  
 Date commission expires: 2.26.2014

JAN 22 2008

Indiana Professional Licensing Agency

Note: I had a Journeyman Plumbing license # JPO2073491 which expired 12/31/2003.

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**EMPLOYER AFFIDAVIT OF EXPERIENCE IN PLUMBING TRADE**

I hereby certify that Philip Lavon Wenger has worked in the plumbing trade as  
Name of applicant  
 defined in commission rule 860 IAC 1-1-9 for the period of 11-9-92 to Present  
Day, month, year Day, month, year

Signature of employer or licensed plumbing contractor <i>[Signature]</i>	Name of company or plumbing business <u>Crystal Valley Heating + Air Cond.</u>	Plumbing contractor license number <u>PC 19900063</u>
Address (number and street, city, state, ZIP code) <u>800 S. CR 37, Middlebury IN 46540</u>		Date signed <u>1/17/08</u>

Licenses who submit false information may be subject to disciplinary action by the Indiana Plumbing Commission.

**NOTARY CERTIFICATE**

STATE OF Indiana  
 COUNTY OF Elkhart } SS:

I, James A. Pletcher, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of employer <i>[Signature]</i>	Signature of Notary Public <i>[Signature]</i>
Printed or typed name of employer <u>James A. Pletcher</u>	Printed or typed name of Notary Public <u>Stacy A. Michael</u>
Date subscribed and sworn to Notary Public <u>1.17.08</u>	County of residence <u>Elkhart</u>
	Date commission expires <u>2.26.2014</u>

**SECTION 3 (to be completed by all applicants)**

**NOTARY CERTIFICATE**

STATE OF Indiana  
 COUNTY OF Elkhart } SS:

I, Philip Lavon Wenger, having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant <i>[Signature]</i>	Signature of Notary Public <i>[Signature]</i>
Printed or typed name of applicant <u>Philip Lavon Wenger</u>	Printed or typed name of Notary Public <u>Stacy A. Michael</u>
Date subscribed and sworn to Notary Public <u>1.17.08</u>	County of residence <u>Elkhart</u>
	Date commission expires <u>2.26.2014</u>

**RECEIVED**  
 JAN 22 2008  
 Indiana Professional  
 Licensing Agency

15

**Elkhart Community Schools**  
ELKHART, INDIANA

**DIVISION  
OF  
ADULT EDUCATION**

**THIS CERTIFIES THAT**

\_\_\_\_\_  
PHILLIP WENGER

HAS COMPLETED A COURSE OF STUDY IN THE THEORY AND PRACTICE OF  
PLUMBERS' APPRENTICESHIP PROGRAM

AND HAVING PERFORMED THE REQUIRED PROCEDURES IS AWARDED THIS

**Certificate**

GIVEN THIS 9th DAY OF June, 1977.

*Richard D. Miller*  
SUPERINTENDENT OF SCHOOLS

*James H. Broadbent*  
DIRECTOR OF VOCATIONAL  
& CONTINUING EDUCATION

**RECEIVED**

JAN 22 2008

Indiana Professional  
Licensing Agency

*In the name and by the Authority of*  
**THE STATE OF INDIANA**

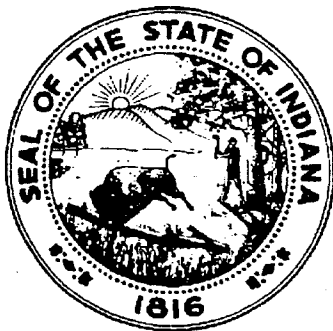
*This Certifies That*  
**Philip Lavon Wenger**

*Having fulfilled the requirements for  
registration under the laws of the State of Indiana  
is hereby authorized to practice as a*

**Journeyman Plumber**

*For the purpose of providing service and is  
entitled to all privileges thereunto appertaining,  
In testimony whereof, we have caused these  
letters to be made patent, and the Great Seal of the  
State to be hereunto affixed this*

*11th day of December 19 85*



*Richard B. Wadd*  
Chairman

*Gene Anderson*  
Executive Director

Indiana Professional Licensing Agency

The Plumbing Commission

**RECEIVED**

JAN 22 2008

Indiana Professional  
Licensing Agency



**State Board of Registration for Professional Engineers**

402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 234-3022  
Fax: (317) 233-5559  
Website: [www.pla.IN.gov](http://www.pla.IN.gov)

Governor Mitchell E. Daniels, Jr

Gilbert A. Ruehl  
5736 Sprindale Road  
Cincinnati OH 45247

June 3, 2008

Dear **Gilbert A. Ruehl**:

The Board of Registration for Professional Engineers of Indiana reviewed your application for licensure and supporting documentation at their recent board meeting.

The Board has scheduled a personal appearance regarding your application and the lack of information contained within. Please bring any pertinent documentation concerning your application to address the following areas:

The meeting will be held on **July 23, 2008**, at **9:45 a.m.** in the Professional Licensing Agency's Conference Room W064, Indiana Government Center South, 402 W. Washington Street, Indianapolis, Indiana 46204. If at any time during this review process you feel that you do not meet the requirements and are not able to provide the necessary documentation, you may withdraw your application. To do so, please submit a letter in writing to our office requesting that your application be withdrawn. If you do not make a personal appearance as requested or submit a request to withdrawal your application to be received by our office one week before the board meeting, your application may be denied. Please understand that a denial becomes a part of your permanent record.

If further information is needed, please feel free to contact our office at (317) 234-3022 or via email at [pla10@pla.IN.gov](mailto:pla10@pla.IN.gov).

Sincerely,

Rebecca Tinsley  
Case Manager  
State Board of Registration for Professional Engineers

General	Licenses	Education	Employment	Public Info	Supp. Info.
Name: First: Gilbert A. Last: Ruehl					
SSN: Alt SSN? <input type="checkbox"/> Gender: Male Age: Date Of Birth: 00/00/0000					
Hold/Alert: <input checked="" type="checkbox"/> Place of Birth: Date of Death: 00/00/0000					
<b>Address</b>					
Additional: 5736 Sprindale Road					
Cincinnati OH 45247-					
United States Hamilton					
Phone: ( ) - Unlisted? <input type="checkbox"/>					
Other: ( ) - Unlisted? <input type="checkbox"/>					
Email:					
					Aliases
					Addresses
					Remarks
					Other Phones



General Licenses Education Employment Public Info Supp. Info.

License #	Type	Status	Probation?	Limited?
JP02079625	Journeyman Plumber	Expired	<input type="checkbox"/>	<input type="checkbox"/>

Address      **Issue Date:** 01/01/1900      **Applicant Number:** 264259

**Detail**      **Obtained By:** Examination

**Supp. Info.**      **From State.Prov.:**      **From Country:**

**Additional**      **Expiration Date:** 12/31/2003

**Date This Status:** 10/21/2005      **Last Renewal Date:** 11/20/2001      **Renewal ID:**

**Reason Changed:** Terminated

**Date Archived:**

**Effective Date:** 01/01/1900

**Last Reprint Date:**

**Reprint Count:** 0

**Remarks**

### Hold/Alert for Gilbert A. Ruehl

Type:	Alert	Reason:	zRenewal Checklist Incomplete
Reason:		Date Placed:	03/31/2008
Place Hold On:	<input type="radio"/> Person <input checked="" type="radio"/> Profession/License		
Remarks:	<p>Past the renewal period for the licence has to pay \$30.00 plus the \$30.00 application fee spoke with the sec. and renewal LRo</p>		
<p>OK Cancel Help</p>			



**Expired Journeyman Plumber** *R.T*

Expired Plumbing Renewal Application	DATE EXPIRED	RENEWAL FEE	<p><b>Please Circle your answer to ALL the following questions: SINCE YOU LAST RENEWED YOUR LICENSE: (if yes to questions 1-3, please attach details of action taken)</b></p> <p>1. Has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending? YES <input type="radio"/> NO <input checked="" type="radio"/></p> <p>2. Have you been denied a license, certificate, registration, or permit in any state? YES <input type="radio"/> NO <input checked="" type="radio"/></p> <p>3. Have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending? YES <input type="radio"/> NO <input checked="" type="radio"/></p> <p>You must sign and date below. By signing this form, you are attesting that the information on this renewal is true and correct and that you have met all required continuing education hours if applicable. This form will be returned if it is not correctly completed which will delay the renewal.</p> <p><i>Gil Ruhl</i> Signature</p> <p><i>4/2/08</i> Date</p>
	12/31/2003	**See Below	
	LICENSE NUMBER	CURRENT STATUS	
	JP02079625	Expired	
	Gilbert A. Ruhl 5736 Sprindale Road Cincinnati OH 45247		
ENTER HOME ADDRESS CORRECTIONS BELOW  <div style="border: 1px solid black; padding: 5px; display: inline-block;">                     APR - 8 2008                 </div> AMOUNT PAID <i>110.00</i>			

Remove at perforation

Remove at perforation



## Indiana Plumbing Commission

402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 234-3022  
Fax: (317) 233-4236  
Website: [www.pla.IN.gov](http://www.pla.IN.gov)

Governor Mitchell E. Daniels, Jr

Howard P. Cahill  
3041 Cleavland Bldg #27  
Louisville KY 40206

June 9, 2008

Dear **Howard P. Cahill**:

The Indiana Plumbing Commission reviewed your request for reinstatement of licensure and supporting documentation at their recent commission meeting.

The commission has scheduled you for a personal appearance on **Wednesday, July 23, 2008 at 9:45 a.m.** at the Indiana Government Center South, Room W072, Indianapolis, Indiana.

Please bring any pertinent documentation concerning your request for reinstatement such as:

1. Place of employment since expiration of your license.
2. Type of work done since the expiration of your license.
3. Proof of an active plumbing license in another state.
4. Any other information which will show the commission your readiness to practice plumbing safely.

If at any time during this review process you feel that you do not meet the requirements and are not able to provide the necessary documentation, you may withdraw your request for reinstatement. To do so, please submit a letter in writing to our office requesting that your request for reinstatement be withdrawn. If you do not make a personal appearance as requested or submit a request to withdrawal to be received by our office one week before the commission meeting, your request for reinstatement may be denied.

If further information is needed, please feel free to contact our office at (317) 234-3022 or via email at [pla10@pla.IN.gov](mailto:pla10@pla.IN.gov).

Sincerely,

Lorrie Ruble  
Case Manager  
Indiana Plumbing Commission

23



## Indiana Plumbing Commission

402 West Washington Street, Room W072

Indianapolis, Indiana 46204

Telephone: (317) 234-3022

Fax: (317) 233-4236

Website: [www.pla.IN.gov](http://www.pla.IN.gov)

Governor Mitchell E. Daniels, Jr

Howard P. Cahill  
3041 Cleavland Bldg #27  
Louisville KY 40206

June 3, 2008

Dear **Howard P. Cahill**:

The Indiana Plumbing Commission reviewed your request for reinstatement of licensure and supporting documentation at their recent commission meeting.

The commission has scheduled you for a personal appearance on **Wednesday, May 28, 2008 at 9:45 a.m.** at the Indiana Government Center South, Room W072, Indianapolis, Indiana.

Please bring any pertinent documentation concerning your request for reinstatement such as:

1. Place of employment since expiration of your license.
2. Type of work done since the expiration of your license.
3. Proof of an active plumbing license in another state.
4. Any other information which will show the commission your readiness to practice plumbing safely.

If at any time during this review process you feel that you do not meet the requirements and are not able to provide the necessary documentation, you may withdraw your request for reinstatement. To do so, please submit a letter in writing to our office requesting that your request for reinstatement be withdrawn. If you do not make a personal appearance as requested or submit a request to withdrawal to be received by our office one week before the commission meeting, your request for reinstatement may be denied.

If further information is needed, please feel free to contact our office at (317) 234-3022 or via email at [pla10@pla.IN.gov](mailto:pla10@pla.IN.gov).

Sincerely,

Lorrie Ruble  
Case Manager  
Indiana Plumbing Commission

25

**Expired Plumber Contractor**

DATE EXPIRED 12/31/2007	RENEWAL FEE **See Below
LICENSE NUMBER PC89000270	CURRENT STATUS Expired
Howard P. Cahill 3041 Clearland Bldg #27 Louisville KY 40206	
ENTER HOME ADDRESS CORRECTIONS BELOW CONTROL # 87250	
MAY 15 2008 AMOUNT PAID \$200.00	

Please Circle your answer to ALL the following questions. **SINCE YOU LAST RENEWED YOUR LICENSE: (if yes to questions 1-3, please attach details of action taken)**

- Has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending? YES  NO
- Have you been denied a license, certificate, registration, or permit in any state? YES  NO
- Have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending? YES  NO

You must sign and date below. By signing this form, you are attesting that the information on this renewal is true and correct and that you have met all required continuing education hours if applicable. This form will be returned if it is not correctly completed which will delay the renewal.

*Howard P. Cahill*  
 Signature  
 5/15/08  
 Date

Remove at perforation

Remove at perforation

Remove at perforation



## Indiana Plumbing Commission

402 West Washington Street, Room W072

Indianapolis, Indiana 46204

Telephone: (317) 234-3022

Fax: (317) 233-5559

Website: [www.pla.IN.gov](http://www.pla.IN.gov)

Governor Mitchell E. Daniels, Jr

**Howard P. Cahill**  
**3041 Cleavland Bldg #27**  
**Louisville KY 40206**

May 9, 2008

**PC89000270**  
**12/31/2003**

Dear **Howard P. Cahill**

This letter is in regards to the status of your plumbing license. Your license to practice plumbing expired [date], which is more than three years.

Recently, our office received several inquires from plumbers in your situation wanting to know how to have a lapsed license renewed or reinstated. Upon receipt of these requests, we were prompted to take a close look at the code cites which govern the reinstatement of delinquent licenses. Based upon this review, it was determined that according to IC 25-1-8-6 (d) you are eligible for the reinstatement of your lapsed plumbing license. IC 25-1-8-6 (d) states in pertinent part:

(d) Notwithstanding any other law regarding the reinstatement of a delinquent or lapsed license, certificate, or registration, unless a statute specifically does not allow a license, certificate, or registration to be reinstated if it has lapsed for more than three (3) years, the holder of a license, certificate, or registration that was issued by the board that is more than three (3) years delinquent must be reinstated upon meeting the following requirements:

- (1) Submission of the holder's completed renewal application.
- (2) Payment of the current renewal fee established by the board under section 2 of this chapter.
- (3) Payment of a reinstatement fee equal to the current initial application fee.
- (4) If a law requires the holder to complete continuing education as a condition of renewal, the holder shall provide the board with a sworn statement, signed by the holder, that the holder has fulfilled the continuing education requirements required by the board for the current renewal period.
- (5) Complete such remediation and additional training as deemed appropriate by the board given the lapse of time involved.
- (6) Any other requirement that is provided for in statute or rule that is not related to fees.

Therefore, although your license has lapsed for more than three years, upon receipt of the above listed your request for reinstatement will be presented to the board for them to determine the appropriate remediation and additional training needed. Please understand that we will not be able to update your license to active status until you have provided all of the above listed and the board has reviewed that information. If you have any questions or need additional information, please do not hesitate to contact our office.

Sincerely,

Lorrie Ruble  
Case Manager  
Indiana Plumbing Commission

26



## Indiana Plumbing Commission

402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 234-3022  
Fax: (317) 233-4236  
Website: [www.pla.IN.gov](http://www.pla.IN.gov)

Governor Mitchell E. Daniels, Jr

Robert Coulter  
7222 Oaklawn Drive  
Newburgh IN 47630

June 3, 2008

Dear **Robert Coulter**:

The Indiana Plumbing Commission reviewed your request for reinstatement of licensure and supporting documentation at their recent commission meeting.

The commission has scheduled you for a personal appearance on **Wednesday, May 28, 2008 at 9:45 a.m.** at the Indiana Government Center South, Room W072, Indianapolis, Indiana.

Please bring any pertinent documentation concerning your request for reinstatement such as:

1. Place of employment since expiration of your license.
2. Type of work done since the expiration of your license.
3. Proof of an active plumbing license in another state.
4. Any other information which will show the commission your readiness to practice plumbing safely.

If at any time during this review process you feel that you do not meet the requirements and are not able to provide the necessary documentation, you may withdraw your request for reinstatement. To do so, please submit a letter in writing to our office requesting that your request for reinstatement be withdrawn. If you do not make a personal appearance as requested or submit a request to withdrawal to be received by our office one week before the commission meeting, your request for reinstatement may be denied.

If further information is needed, please feel free to contact our office at (317) 234-3022 or via email at [pla10@pla.IN.gov](mailto:pla10@pla.IN.gov).

Sincerely,

Lorrie Ruble  
Case Manager  
Indiana Plumbing Commission

Personal Appearance

27

**Expired Plumber Contractor**

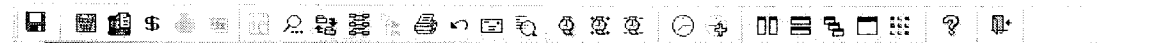
*\$150.00*

Architect or Landscape Architect Renewal Application	DATE EXPIRED	RENEWAL FEE	<b>Please Circle your answer to ALL the following questions: SINCE YOU LAST RENEWED YOUR LICENSE: (if yes to questions 1-3, please attach details of action taken)</b> 1. Has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending? YES <input type="radio"/> NO <input checked="" type="radio"/> 2. Have you been denied a license, certificate, registration, or permit in any state? YES <input type="radio"/> NO <input checked="" type="radio"/> 3. Have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending? YES <input type="radio"/> NO <input checked="" type="radio"/>  You must sign and date below. By signing this form you are attesting that the information on this renewal is true and correct and that you have met all required continuing education hours if applicable. This form will be returned if it is not correctly completed which will delay the renewal.
	12/31/2001	**See Below	
	LICENSE NUMBER	CURRENT STATUS	
	PC10000010	Expired	
Robert Coulter 6900 Ferstel Rd Newburgh IN 47630		$150.00 + 50.00 = 200.00$ $200.00 - 50.00 = 150.00$ <i>owe \$150.00</i>	
ENTER HOME ADDRESS OR DIRECTIONS BELOW  7222 OAKbwn Dr Newburgh, IN 47630		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>CONTROL #</b> 820849  <b>MAY 14 2008</b>  <b>AMOUNT PAID</b> \$150.00       </div>	
Signature: <i>Robert Coulter</i>		Date: <i>4-25-08</i>	

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Licensee - Robert Coulter ( Plumbing Commission )

License #	Type	Status	Probation?	Limited?
<not issued>	Plumber Contractor	Abandoned Application	<input type="checkbox"/>	<input type="checkbox"/>
<not issued>	Plumber Contractor	Application Denied	<input type="checkbox"/>	<input type="checkbox"/>
PA29500309	Plumbing Apprentice	Expired Non-Renewab	<input type="checkbox"/>	<input type="checkbox"/>
JP29800221	Journeyman Plumber	Expired Non-Renewab	<input type="checkbox"/>	<input type="checkbox"/>

Address	Issue Date: 06/07/1996	Applicant Number: 264582
Detail	Obtained By: Examination	MyLicense Number: 17118215
Supp. Info.	From State Prov.:	From Country:
Additional	Expiration Date: 12/31/2001	Last Renewal Date: 02/01/2000
	Date This Status: 12/31/2003	Renewal ID:
	Reason Changed: Terminated	
	Date Archived:	
	Effective Date: 06/07/1996	
	Last Reprint Date:	
	Reprint Count: 0	
Remarks		



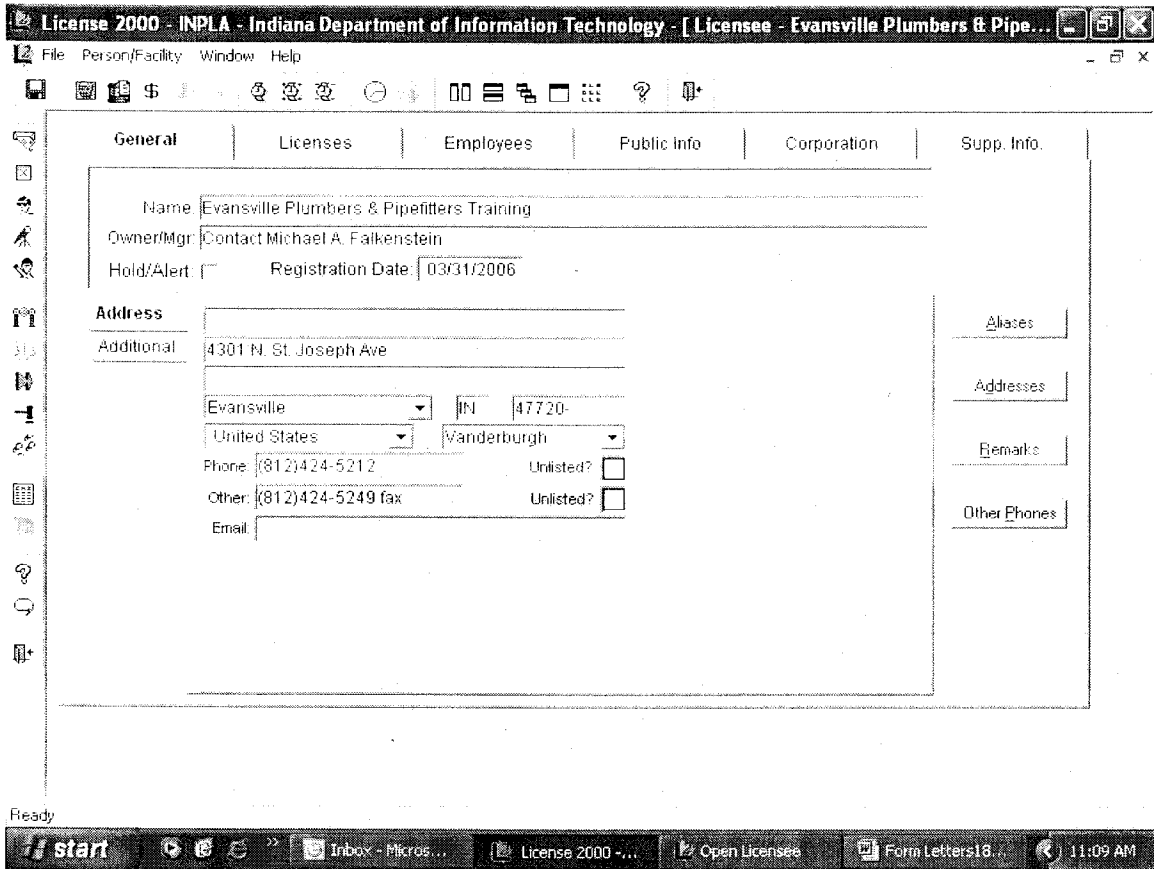
General | Licenses | **Education** | Employment | Public Info | Supp. Info.

Schooling

School	Enrolled	Graduated	Degree/Certificate	
				New
				Edit
				Delete
				Hrs/Credits

Exams

Exam Type Text	Exam Date	Expiration	Candidate #	State	Score	Result	Ex	
Written	07/12/2006		108C	IN	46	Fail		New
Drawing	09/13/2006		108C	IN	75	Pass		Edit
Written	09/13/2006		108C	IN	51	Fail		Delete
Written	11/08/2006		108C	IL		No Show		Battery Score
Drawing	11/08/2006		108C	IN		No Show		Merge
Written	01/31/2007		105C	IN	53	Fail		



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here I am pretty sure?  
Lorie

# Indiana Professional Licensing Agency

## Applicant Examination/Licensing Cover Sheet

Name: Robert Cowler

Address: 6900 Ferstel Rd

City: Newburgh State: In Zip: 47630

### Passage of Examination

Type of Examination	Date Passed	Exam Number
Journeyman		
Contractor		

### Examination Information

Attempt No.	Type of Exam	Exam Date	Exam Number	Grades
1	WCDS S	2/27/08	107	W/P C/P D/P S/P



Indiana Plumbing Commission  
 402 West Washington Street, Room W072  
 Indianapolis, Indiana 46204  
 Telephone: (317) 234-3022  
 Fax: (317) 233-5559  
 Website: [www.pla.IN.gov](http://www.pla.IN.gov)

Governor Mitchell E. Daniels, Jr

Robert Coulter  
 6900 Ferstel Rd  
 Newburgh IN 47630

Dear Robert Coulter

March 6, 2008

The Indiana Plumbing Commission regrets to inform you that your application for licensure as a plumbing contractor has been denied pursuant to IC 25-28.5-1-15, because you have failed to achieve a passing score on the plumbing contractor examination. Your examination results are as follows:

Date	Type	Candidate#	Score	Results
February 27, 2008	Copper Project	107	38	Pass
February 27, 2008	Soil Project	107	31	Fail
February 27, 2008	Written	107	58	Pass
February 27, 2008	Drawing	107	83	Pass

Please be advised that if you desire administrative review of this application denial, you must file a written petition for review at the above address with the Indiana Plumbing Commission stating the reason for the review. As the petitioner, you would have the burden of proving in an administrative hearing that the decision to deny application was incorrect. If you do not file a petition for review, this action will be final.

If you file a petition for review, it must be filed no later than eighteen (18) days from the above stated date unless such date is a Saturday, Sunday, legal holiday under state statute or day that the Professional Licensing Agency's offices are closed during regular business hours in which case, the deadline would be the first day thereafter that is not a Saturday, Sunday, or legal holiday under state statute or day the Professional Licensing Agency's offices are closed during regular business hours. If you do so, your petition for review will be granted and an administrative law judge of the Indiana Plumbing Commission will conduct an administrative proceeding.

Should you choose to petition for review, you may review your examination following board action granting your petition, upon making an appointment with the board office at (317) 234-3022.

Sincerely,

Lorrie Ruble  
 Case Manager

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Indiana Plumbing Commission  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 234-3022  
Fax: (317) 233-5559  
Website: [www.pla.IN.gov](http://www.pla.IN.gov)

Governor Mitchell E. Daniels, Jr

March 6, 2008

Robert Coulter  
6900 Ferstel Rd  
Newburgh IN 47630

Dear Robert Coulter,

As a result of failing the plumbing contractor examination, you are eligible to retake the failed section(s) of the examination providing you submit this letter to the above address with the applicable examination fee of fifty dollars \$50.00.

Date	Type	Candidate#	Score	Results
February 27, 2008	Copper Project	107	38	Pass
February 27, 2008	Soil Project	107	31	Fail
February 27, 2008	Written	107	58	Pass
February 27, 2008	Drawing	107	83	Pass

Pursuant to 860 IAC, effective October 1, 1992, an individual who does not pass the entire examination in the first attempt shall be entitled to take the examination six (6) additional times.

Upon receipt of the letter and fee you will be scheduled for the next available examination. After seven (7) attempts or two (2) years whichever comes first, your present application will be terminated.

Notices are mailed out at least fifteen (15) working days prior to the date of the examination.

If you have any questions, please contact me at (317) 234-3022. You may visit our website at [www.in.gov/pla](http://www.in.gov/pla).

Sincerely,

Lorrie Ruble  
Case Manager

INDIANA PLUMBING CONTRACTOR EXAMINATION SCORE SHEET

EXAMINEE NO: 107C  
DATE: 2-27-08

EXAMINATION SCORE PER SECTION

M.C. WRITTEN	- 80 points	- 56 points to pass	<u>58</u>
DRAWING		- 70 % to pass	<u>83</u>
COPPER	- 50 points	- 35 points to pass	<u>28</u>
SOIL	- 50 points	- 35 points to pass	<u>31</u>

M.C. WRITTEN ( 80 POINTS)

UPC	- 60 questions	<u>45</u>
STATE	- 20 questions	<u>13</u>
TOTAL		<u>58</u>

COPPER PROJECT - 50 POINTS

Measurements	- 10 points	<u>20</u>
Alignment	- 10 points	<u>9</u>
Preparation	- 10 points	<u>2</u>
Pressure Test	- 20 points	<u>28</u>
TOTAL		<u>38</u>

Initials \_\_\_\_\_

SOIL PIPE PROJECT - 50 POINTS

Pressure Test	- 20 Points	<u>17</u>
Number of Leaks	<u>1</u>	
Alignment	- 5 points	<u>4</u>
Appearance	- 10 points	<u>7</u>
Lead Ring	- 15 points	<u>3</u>
TOTAL		<u>31</u>

Initials \_\_\_\_\_



Indiana Plumbing Commission  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 234-3022  
Fax: (317) 233-5559  
Website: [www.pla.IN.gov](http://www.pla.IN.gov)

Governor Mitchell E. Daniels, Jr

Robert Coulter  
6900 Ferstel Rd  
Newburgh IN 47630

January 29, 2008

Dear Robert Coulter:

Please be advised that you have been scheduled for the following Plumbing Contractor examination:

**EXAMINATION DATE:** February 27, 2008  
**EXAMINATION SECTIONS:** WRITTEN, COPPER, SOIL, DRAWING  
**TIME:** EXAM BEGINS AT 8:00 A.M. Indianapolis Local Time  
**TEST SITE:** NATIONAL GUARD ARMORY  
STOUT FIELD  
3912 WEST MINNESOTA STREET  
INDIANAPOLIS, INDIANA 46241

**NO ELECTRONIC OR BATTERY POWERED** such as: Calculators, palms, cell phones, etc. are to be brought to the examination site.

Enclosed for your information and review are examination instructions, guidelines, directions to the examination site and statute and rules of the commission, are the recommended study material. The UPC National Plumbing Code Book with Indiana revisions may be obtained from the Architects Book Store, 47 S Pennsylvania Street, Indianapolis, IN 46204, (317) 634-3871 or the International Conference Of Building Officials 335 Ridge Point Drive Carmel, In 46032 (800) 243-5736 or (317) 706-1667.

Reference materials will not be permitted during the examination. Examination material and equipment must remain in your vehicle until you are ready to begin the practical examination. Photo identification (Driver's License or Employment I.D) shall be presented at the examination site.

If you have any questions, please contact me at (317) 234-3022, or [pla10@pla.state.in.us](mailto:pla10@pla.state.in.us).

Sincerely,

Lorrie Ruble  
Case Manager  
Enclosures

36



# APPLICATION FOR PLUMBING CONTRACTOR EXAMINATION FOR LICENSING

State Form 22806 (R10 / 11-02)  
Approved by State Board of Accounts, 2002

CONTROL # 780744  
AUG 20 2007

Indiana Professional Licensing Agency  
302 W. Washington St., Rm. E034  
Indianapolis, IN 46204-2700  
(317)-232-2980  
www.in.gov/pla

FEE: \$50.00

ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

S. 7

\* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1; it is mandatory that it be given. Social Security numbers are made available to the Department of Revenue.

Name of applicant: Robert Coulter Date of birth (month, day, year): 7-23-65

Address (number and street, city, state, ZIP code): 6900 Ferstel Rd Newburgh IN 47630

County: Warrick Telephone number: 812-459-7614

Have you ever been convicted of a crime? (if "Yes", provide a copy of the court order and any pertinent documents)

Yes  No

### INSTRUCTIONS:

- If you are applying on the basis of having completed four (4) years of training in an approved apprenticeship program, please complete Sections one (1) and four (4).
- If you are applying on the basis of having completed four (4) years of experience in the plumbing trade, please complete Sections two (2) and (4).
- If you are applying on the basis of having worked in the plumbing business under the direction of a licensed plumbing contractor for at least four (4) years, please complete Sections three (3) and four (4).

### SECTION ONE

I have successfully completed the following four (4) years of training in an approved apprenticeship program, satisfying the requirements as defined in commission rule, 860 IAC 1-1-9, as verified by the sponsor of the approved apprenticeship program, herein:

Name of apprenticeship program sponsor: Bayer's Plumbing Telephone number: 812-853-2305

Address (number and street, city, state, ZIP code, county): Bell OAKS Dr Newburgh IN 47630 Warrick

Date of enrollment (month, year): Dec 1991 Date of completion (month, year): Dec 1995

### APPROVED APPRENTICESHIP PROGRAM SPONSOR CERTIFICATION OF COMPLETION

I hereby certify that Robert Coulter successfully completed four (4) years of training in an approved apprenticeship program.

Date of enrollment: Dec 1991 Signature of manager of approved apprenticeship program sponsor: x Bayer's Plumbing

Date of completion: Dec 1995 Date signed: 5-24-07

### NOTARY CERTIFICATE (completed by program sponsor)

STATE OF Indiana  
COUNTY OF Warrick } SS:

I, Michael Bayer, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of manager of approved apprenticeship program sponsor: x Michael A Bayer Signature of Notary Public: Jeffrey A. Stuckwisch

Printed or typed name of manager of approved apprenticeship program sponsor: Michael A Bayer Printed or typed name of Notary Public: Jeffrey A. Stuckwisch

Date subscribed and sworn to Notary Public: 5-24-07 County of residence: Vanderburgh Date commission expires: 3-28-2013

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**SECTION TWO**

I have completed the following four (4) years of experience in the plumbing trade, satisfying the requirements as defined in commission rule, 860 IAC 1-1-9 and 860 IAC 1-1-10, as verified by employer, attached herewith:

Name of employer	Plumbing contractor license number (if applicable): PC
Address (number and street, city, state, ZIP code)	
County	Telephone number
Dates of employment (month, day, year): From _____ To _____	
Name of employer	Plumbing contractor license number (if applicable): PC
Address (number and street, city, state, ZIP code)	
County	Telephone number
Dates of employment (month, day, year): From _____ To _____	

**APPLICANT AFFIDAVIT OF EXPERIENCE IN PLUMBING TRADE**

I hereby certify that I, \_\_\_\_\_ have worked in the plumbing trade as defined in commission rule 860 IAC 1-1-9, for the  
Name of applicant  
period of \_\_\_\_\_ to \_\_\_\_\_, for \_\_\_\_\_  
Day, month, year Day, month, year Name of company or plumbing business

Name of employer or licensed plumbing contractor \_\_\_\_\_  
Address (number and street, city, state, Zip code) \_\_\_\_\_

I further certify that I am unable to obtain an employer affidavit verifying the aforementioned experience in the plumbing trade due to the following reason(s):  
\_\_\_\_\_  
\_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date signed \_\_\_\_\_

**NOTARY CERTIFICATE (completed by applicant)**

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } SS:

I, \_\_\_\_\_, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of applicant	Signature of Notary Public	
Printed or typed name of applicant	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

**EMPLOYER AFFIDAVIT OF EXPERIENCE IN PLUMBING TRADE**

I hereby certify that \_\_\_\_\_ has worked in the plumbing trade as defined in commission rule 860 IAC 1-1-9 for the  
Name of applicant  
period of \_\_\_\_\_ to \_\_\_\_\_  
Day, month, year Day, month, year

Signature of employer or licensed plumbing contractor	Name of company or plumbing business	Plumbing contractor license number
Address (number and street, city, state, ZIP code)		Date signed

**Licensees who submit false information may be subject to disciplinary action by the Indiana Plumbing Commission.**

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**NOTARY CERTIFICATE (completed by plumbing contractor)**

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_ } SS:

I, \_\_\_\_\_, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of employer or licensed plumbing contractor	Signature of Notary Public	
Printed or typed name of employer or licensed plumbing contractor	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

**SECTION THREE**

I have worked in the following plumbing business(es) under the direction of licensed plumbing contractor(s) for at least four (4) years, satisfying the requirements as defined in commission rule, 860 IAC 1-1-9 and 860 IAC 1-1-10; as verified by licensed contractor(s).

Name of licensed plumbing contractor	License number: PC
Address (number and street, city, state, ZIP code)	
County	Telephone number
Dates of employment (month, day, year): From _____ To _____	
Name of licensed plumbing contractor	License number: PC
Address (number and street, city, state, ZIP code)	
County	Telephone number
Dates of employment (month, day, year): From _____ To _____	

**APPLICANT AFFIDAVIT OF EXPERIENCE IN PLUMBING BUSINESS**

I hereby certify that I, \_\_\_\_\_ have worked in the \_\_\_\_\_,  
Name of applicant Name of plumbing business  
 \_\_\_\_\_, under the direction of \_\_\_\_\_, from  
Address Name of licensed plumbing contractor  
 \_\_\_\_\_ to \_\_\_\_\_.  
Day, month, year Day, month, year

I further certify that I am unable to obtain an employer affidavit verifying the aforementioned work in a plumbing business under the direction of a licensed plumbing contractor due to the following reason(s):

Signature of applicant	Date signed

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**NOTARY CERTIFICATE (completed by applicant)**

STATE OF \_\_\_\_\_ }  
 COUNTY OF \_\_\_\_\_ } SS:

I, \_\_\_\_\_, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of applicant	Signature of Notary Public	
Printed or typed name of applicant	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

**EMPLOYER AFFIDAVIT OF EXPERIENCE IN PLUMBING BUSINESS**

I hereby certify that \_\_\_\_\_ has worked in the \_\_\_\_\_  
Name of applicant Name of plumbing business  
 \_\_\_\_\_, from \_\_\_\_\_ to \_\_\_\_\_ under the direction of  
Address Day and month Day and month  
 \_\_\_\_\_, plumbing contractor license number \_\_\_\_\_, said license expiring \_\_\_\_\_.  
Name of licensed plumbing contractor

Signature of licensed plumbing contractor	Date signed
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**Licensees who submit false information may be subject to disciplinary action by the Indiana Plumbing Commission.**

**NOTARY CERTIFICATE (completed by plumbing contractor)**

STATE OF \_\_\_\_\_ }  
 COUNTY OF \_\_\_\_\_ } SS:

I, \_\_\_\_\_, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of licensed plumbing contractor	Signature of Notary Public	
Printed or typed name of licensed plumbing contractor	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

**SECTION FOUR (to be completed by all applicants)**

**NOTARY CERTIFICATE**

STATE OF Indiana }  
 COUNTY OF Warrick County } SS:

I, Robert Coulter, having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant <i>Robert C Coulter</i>	Signature of Notary Public <i>Jeffrey A. Stuckwisch</i>	
Printed or typed name of applicant <u>Robert C Coulter</u>	Printed or typed name of Notary Public <u>Jeffrey A. Stuckwisch</u>	
Date subscribed and sworn to Notary Public <u>5-24-07</u>	County of residence <u>Vanderburgh</u>	Date commission expires <u>3-28-2013</u> <i>40</i>

APPLICATION CHECKLIST

APPLICANT NAME:

Robert Coulter

IC 25-28.5-1-13

\$30 FEE

AT LEAST 18 YEARS OF AGE

APPRENTICE LICENSE #

JP 29600221

EXPIRATION DATE

12/31/06

JOURNEYMAN LICENSE #

PC 10200010

EXPIRATION DATE

12/31/01

Term  
12/31/03

APPLYING WITH TRAINING OR EXPERIENCE, CHOOSE ONE:

4 YEARS OF TRAINING IN AN APPROVED APPRENTICESHIP PROGRAM (SECTIONS 1 AND 3)

\* IS PROGRAM APPROVED?

YES

NO

\* SIGNATURE OF MANAGER/SPONSOR?

YES

NO

\* NUMBER OF YEARS COMPLETED:

\* SECTION ONE AND APPLICATION NOTARIZED

YES

NO

4 YEARS EXPERIENCE IN PLUMBING TRADE (SECTIONS 2 AND 3)

\* ALL EXPERIENCE UNDER LICENSED PLUMBING CONTRACTOR(S)?

YES

NO

\* CORPORATE PLUMBING CONTRACTOR LICENSE #

EXPIRES:

\* PLUMBING CONTRACTOR LICENSE #

EXPIRES:

\* SECTION TWO AND APPLICATION NOTARIZED

YES

NO

LENGTH OF EMPLOYMENT:

\* EXPERIENCE TOTALS AT LEAST 4 YEARS?

YES

NO

EMPLOYER AFFIDAVITS:

YES

NO

APPLICATION AFFIDAVITS:

YES

NO

HAS A CONVICTION RECORD

DOCUMENTATION ATTACHED

DOCUMENTATION REQUESTED

APPLICATION COMPLETE

APPLICATION NOTARIZED

ADDITIONAL SUPPORTING DOCUMENTATION

COMMISSION ACTION SECTION

APPROVED

TABLED, PENDING RECEIPT OF THE FOLLOWING:

DENIED

REASON FOR DENIAL:

STATUTE IC

RULE 860 IAC 2-1-1

COMMENTS:

Have not completed a commission approved  
BAT program and does not have a current  
apprenticeship license.

COMMISSION SIGNATURE

*Eini / [Signature]*

DATE

1-23-08

COMMISSION SIGNATURE

DATE

**RECORD CARD**

**RECORD CARD**

527

Date 1-16-92 Age \_\_\_\_\_  
 Name COULTER, ROBERT C. Phone 963-3070  
 Address 5209 PLEASANT RIDGE CT Zip 47711  
 City EVANSVILLE State IN  
 Employer \_\_\_\_\_  
 Occupation \_\_\_\_\_ Fee \_\_\_\_\_  
 Course WELDING ARC Time 6:30-9:30

Date	Hrs.	Test	Date	Hrs.	Test	Date	Hrs.	Test
1/16	3		2/27	3				
1/23	3		3/5	3				
1/30	1		3/12	3				
2/6	3		3/19	3	Weld			
2/13	3		3/26	3				
<del>2/20</del>			4/9	3	?			
			4/16	3		89		

Instructor BOCKHORST

Date 1-14-92 Age \_\_\_\_\_  
 Name COULTER, ROBERT C. Phone 963-3070  
 Address 5209 PLEASANT RIDGE Zip 47711  
 City EVANSVILLE State IN  
 Employer W m b.  
 Occupation \_\_\_\_\_ Fee \_\_\_\_\_  
 Course MATH REFRESHER Time 6:30-9:30

Date	Hrs.	Test	Date	Hrs.	Test	Date	Hrs.	Test
1/14	3	2	2/25	3	24/27			
1/21	3	2	3/3	3	13/14			
1/28	3	24/30	3/10	3	1/11			
2/4	3	29/20	3/17	3	21/25			
2/11	3	19/18	3/24	3	59/60			
2/18	3	18/20	4/7	3	X			

Instructor KNIGHT

Department of Vocational and Adult Education  
Record Card

Name: Coulter, Bob Address: 7366 Brentwood Phone: 853-3115  
 Course: Welding-Plumbers Cty, St zip: Newburgh, IN 47630 Fees: \$90.00  
 Time: 6:30-9:30 Thursday Employer: Bayer Instructor: Larry Morris

Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt
1/13	3		2/17	3		3/17	A										
1/27	A		2/24	3		3/24	3										
2/3	3		3/3	3		4/7	3										
2/10	3		3/10	3		4/14	3										

6 Week Reports	Date		% Grade	Number Sessions	Number Attended	Comment
	From	To				
1st	1/13/94	2/24/94	92	6	5	
2nd	3/3/94	4/14/94	92	6	5	
3rd						
Final			92	12	10	

I, undersigned, give my permission for this evaluation to be released to my employer and/or advisory committee.

Signature: *Robert Coulter* Date: 1-27-94

Evansville-Vanderburgh School Corporation  
Department of Vocational and Adult Education  
Record Card

Name: COULTER, ROBERT Address: 8945 ANDREA CT. Phone: 853-2305  
 Course: PLUMBINGIII194 Cty, St Zip: NEWBURGH, IN 47630 Fees:  
 Time: 6:30-9:30 P.M. Employer: Instructor: DREW SWONDER

Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt
9/14/94	3		10/12	3		11/9	3										
9/21/94	3		10/19	3	87%	11/16	3										
9/28	3		10/26	3		11/23	3	100% A+									
10/5	3		11/2	3		11/30	3	90% A-									

6 Week Reports	Date		% Grade	Number Sessions	Number Attended	Comment
	From	To				
1st	9/14	10/19	A	6	6	
2nd	10/26	11/30	B	6	3	
3rd						
Final						

I, undersigned, give my permission for this evaluation to be released to my employer and/or advisory committee.

Signature: *Robert Coulter* Date: Sept 21 94

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Evansville-Vanderburgh School Corporation  
 Department of Vocational and Adult Education  
 Record Card

Name: COULTER, ROBERT

Address:

Phone:

Course: MOTORSCTRL94

Cty, St Zip:

Fees: \$65.00

Time: 6:30-9:30 P.M.

Employer: PLUMBERS

Instructor: JERRY BURDETTE

Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt
9/13	3		10-11	A		11-8	3	50									
9/20	3		10-18	3	81	11-15	3										
9/27	3	87.5	10-25	B		11-22	3	80									
10/4	3		11-1	3		11-24	3										

6 Week Reports	Date		% Grade	Number Sessions	Number Attended	Comment
	From	To				
1st	9-13	10-18	84.25	6	5	
2nd	10-25	11-24	74.6	6	6	
3rd						
Final			85			

I, undersigned, give my permission for this evaluation to be released to my employer and/or advisory committee.

Signature: \_\_\_\_\_

Date: 9-15-94

Evansville-Vanderburgh School Corporation  
 Department of Vocational and Adult Education  
 Record Card

Name: COULTER, ROBERT

Address: 7366 BRENTWOOD

Phone: 853-2305

Course: PRTRDGPLB091393

Cty, St Zip: NEWBURGH, IN 47630

Fees:

Time: 6:30-9:30

Employer:

Instructor: LARRY FRAZEE

Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt
9/20	3hrs		10/18	3		11/5	3										
9/27	3hrs		10/25	3		11/22	3										
10/4	3		11/1	3		11/29	3										
10/11	AB		11/8	3													

6 Week Reports	Date		% Grade	Number Sessions	Number Attended	Comment
	From	To				
1st	9/20	10/25	A	6	5	
2nd	11/1	11/29	A	5	5	
3rd						
Final						

I, undersigned, give my permission for this evaluation to be released to my employer and/or advisory committee.

Signature: \_\_\_\_\_

Date: 9-27-93

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Evansville-Vanderburgh School Corporation  
Department of Vocational and Adult Education  
Record Card

Name: COULTER, ROBERT

Address:

Phone:

Course: PLUMBII091493

Cty, St Zip:

Fees:

Time: 6:30-9:30

Employer:

Instructor: TODD JOHNS

Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt
9/14	A		10/12	3		11/9	3										
9/21	3		10/19	7 1/2		11/16	3										
9/28	A		10/26	3		11/23	3										
10/5	3		11/2	3		11/30	3										

6 Week Reports	Date		% Grade	Number Sessions	Number Attended	Comment
	From	To				
1st	9-14	10-19	A	6	3 1/2	
2nd	10-20	11-30	A	6	6	
3rd						
Final			A	12	9 1/2	

I, undersigned, give my permission for this evaluation to be released to my employer and/or advisory committee.

Signature: Robert Coulter

Date: 10-26-93

Evansville-Vanderburgh School Corporation  
Department of Vocational and Adult Education  
Record Card

Name: Coulter, <sup>Bob</sup>Bob

Address: 7366 B Brentwood

Phone: 853-3116

Course: Plumbing II-Independent cty, st zip: Newburgh, IN 47630

Fees:

Time: 6:30-9:30

Employer: Bayer's

Instructor: Todd Johns

Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt
1-11	3		2-15	0		3/15	3										
1-25	3		2/22	3		3/22	3										
2-1	3		3/1	3		4/6	3										
2-8	3		3/8	0		4/12	3										

6 Week Reports	Date		% Grade	Number Sessions	Number Attended	Comment
	From	To				
1st	1-11	2-22	B	6	5	
2nd	3-1	4-12	A	6	5	
3rd						
Final		4-12	B	12	10	

I, undersigned, give my permission for this evaluation to be released to my employer and/or advisory committee.

Signature: Robert Coulter

Date: 1-25-94

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Evansville-Vanderburgh School Corporation  
Department of Vocational and Adult Education  
Record Card

Name: COULTER, ROBERT

Address: 8945 ANDREA CT.

Phone: 853-2305

Course: GEOMETRY95

Cty, St Zip: NEWBURGH, IN 47630

Fees:

Time: 6:30-9:30 P.M.

Employer:

Instructor: JOHN SCHNEIDER

Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt
2-2	3		3-2	3	A	4-6	3										
2-9	3		3-9	3		4-13	3	A									
2-16	3		5-16	3		4-20	3										
2-23	3		3-23	3	100												

6 Week Reports	Date		% Grade	Number Sessions	Number Attended	Comment
	From	To				
1st	1-26-95	3-2-95	80	6	4	
2nd	3-9	4-20	85	6	5	
3rd						
Final						

I, undersigned, give my permission for this evaluation to be released to my employer and/or advisory committee.

Signature: Robert Coulter

Date: 2-23-95

Evansville-Vanderburgh School Corporation  
Department of Vocational and Adult Education  
Record Card

Name: COULTER, BOB

Address: 8945 ANDREA CT.

Phone: 853-5752

Course: PLUMBINGIII95

Cty, St Zip: NEWBURGH, IN 47630

Fees:

Time: 6:30-9:30 P.M.

Employer:

Instructor: DREW SWONDER

Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt
1/25	3		3/22	3	A-	3/22	3	A-									
2/1	3		3/1	3		4/5	3										
2/8	3		3/8	3		4/12	3										
3/5	3		3/5	3		4/19	3	B-									

6 Week Reports	Date		% Grade	Number Sessions	Number Attended	Comment
	From	To				
1st	1/25	3/1	B-	6	5	✓
2nd	3/8	4/19	B-	6	5	
3rd						
Final			B+			

I, undersigned, give my permission for this evaluation to be released to my employer and/or advisory committee.

Signature: Robert Coulter

Date: 2-15-95

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Evansville-Vanderburgh School Corporation  
Department of Vocational and Adult Education  
Record Card

Name: COULTER, BOB  
Course: PLUMBINGIV95  
Time: 6:30-9:30

Address:  
Cty, St Zip:  
Employer:

Phone:  
Fees:  
Instructor: MARK DILL

Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt
<i>Done with app</i>																	

6 Week Reports	Date		% Grade	Number Sessions	Number Attended	Comment
	From	To				
1st						
2nd						
3rd						
Final						

I, undersigned, give my permission for this evaluation to be released to my employer and/or advisory committee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evansville-Vanderburgh School Corporation  
Department of Vocational and Adult Education  
Record Card

Name: COULTER, ROBERT  
Course: PLBPR95  
Time: 6:30-9:30

Address: 7944 F CAMP BEASEND  
Cty, St Zip: NEWBURGH, IN 47630  
Employer:

Phone: 853-2305  
Fees:  
Instructor: C.R. WESSEL

Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt
9-11	3		10-4	3		11-6	3										
9-18	3		10-14	3	95	13	3										
9-25	3	90	10-23	A		20	3										
10-2	3	85	10-20	3	85	27	3	87									

6 Week Reports	Date		% Grade	Number Sessions	Number Attended	Comment
	From	To				
1st	9-11	10-16	90	6	10	
2nd	10-23	11-27	90	6	5	
3rd						
Final			90			

I, undersigned, give my permission for this evaluation to be released to my employer and/or advisory committee.

Signature: *Robert A. Coulter* Date: 9-18-95

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Evansville-Vanderburgh School Corporation  
 Department of Vocational and Adult Education  
 Record Card

Name: COULTER, BOB

Address:

Phone:

Course: PLUMBINGIV95

Cty, St Zip:

Fees:

Time: 6:30-9:30

Employer:

Instructor: MARK DILL

Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt	Date	Hr	Tt
9/13	3		10-11	3		11-8	3										
9-20	3		10-18	3		11-15	3	87									
9/27	3		10-23	AE		11-28	3										
10/4	3	83	11-1	3	88	11-29	3										

6 Week Reports	Date		% Grade	Number Sessions	Number Attended	Comment
	From	To				
1st	9-13	10-18	83	6	65	
2nd	10-23	11-29	86	6	5	
3rd						
Final						

I, undersigned, give my permission for this evaluation to be released to my employer and/or advisory committee.

Signature: *Bob Coulter*

Date: 10-4-95

Name ROBERT COULTER Instructor TODD JOHNS

Class PLUMBING - INDEPENDENT Employer/JAC BAYER'S

6 week Report	Date		% Grade	Number Sessions	Number Attended	Comment
	From	To				
1st.	1-25	3-8	C	6	4	
2nd.	3-15	4-19	C	6	5	
3rd.						
Final			C	12	9	

I, the undersigned, give my permission for this evaluation to be released to my employer and/or advisory committee.

Signature [Signature] Date 2-1-93

Name Coulter, Bob Instructor Johns, Todd

Class Independent Plumbing Employer/JAC Bayer Plumbing

6 week Report	Date		% Grade	Number Sessions	Number Attended	Comment
	From	To				
1st.	SEPT 14	OCT. 19	B	6	4	SEMESTER GRADE
2nd.	OCT 26	NOV 30	C	6	5	C
3rd.						
Final						

I, the undersigned, give my permission for this evaluation to be released to my employer and/or advisory committee.

Signature [Signature] Date 9-28-92

RECEIVED

JAN 14 2008

Indiana Professional Licensing Agency

Evansville-Vanderburgh School Corporation  
Department of Vocational and Adult Education

**RECORD CARD**

Date 1-25 Age 27  
 Name Robert Coulter Phone 853-5752  
 Address 7366 Brentwood Zip 47630  
 City Indianapolis State IN  
 Employer Bob's Plumbing  
 Occupation Apprentice Fee \_\_\_\_\_  
 Course Plumbing Indiana Time \_\_\_\_\_

Date	Hrs.	Test	Date	Hrs.	Test
1-25	0		4/5	3	
2-1	3		4/12	3	
2-8	1 1/2		4/14	3	
2/22	1 1/2		4/19	3	
3/1	3				
3/8	3				
3/15	3				
3/22	0				

Instructor TODD JOHNS

Evansville-Vanderburgh School Corporation  
Department of Vocational and Adult Education

**RECORD CARD**

Date 9-14-92 Age 27  
 Name Coulter, Bob Phone 473-2677  
 Address 5209 Plecent Ridge Zip 47630  
 City Newburgh State IN  
 Employer Payer Plumbing  
 Occupation \_\_\_\_\_ Fee \_\_\_\_\_  
 Course Independent Plumbing Time 6:30-9:30

Date	Hrs.	Test	Date	Hrs.	Test
9/4	3		11/9	3	
9/21	0		11/16	1 1/2	
9/28	3		11/23	1 1/2	
10/5	3		11/30	3	
10/12	3				
10/19	0				
10/26	3				
11/2	3				

Instructor Johns, Todd

Name ROBERT COULTER Instructor JOHN SCHNEIDER

Class ALGEBRA - PLUMBERS Employer/JAC \_\_\_\_\_

Indiana Professional  
Licensing Agency

JAN 14 2008

RECEIVED

6 week Reports	Date		% Grade	Number Sessions	Number Attended	Comment
	From	To				
1st.	9-17-92	10-22-92	90	6	5	
2nd.	10-29-92	12-10-92	80	6	3 5	
3rd.						
Final			85			

I, the undersigned, give my permission for this evaluation to be released to my employer and/or advisory committee.

Signature *Robert Coulter* Date 10-15-92

Name Coulter, Robert Instructor Buehler

Class First Aid Employer/JAC \_\_\_\_\_

6 week Reports	Date		% Grade	Number Sessions	Number Attended	Comment
	From	To				
1st	1-20	2-24	88	6	4	
2nd	3-3	4-14	96	6	5	
3rd			to 96			
Final			94			

I, undersigned, give my permission for this evaluation to be released to my employer and/or advisory committee.

Signature *Robert Coulter* Date 2-3-93

51

Name ROBERT COULTER Instructor ELAINE KNIGHT

Class MATH REFRESHER Employer/JAC \_\_\_\_\_

Indiana Professional Licensing Agency

6 week Reports	Date		% Grade	Number Sessions	Number Attended	Comment
	From	To				
1st	1-14-92	2-18-92	89	6	6	
2nd	2-25-92	4-7-92	X	6	6	
3rd						
Final			95	12	12	

JAN 14 2008

RECEIVED

I, undersigned, give my permission for this evaluation to be released to my employer and/or advisory committee.

Signature [Signature] Date 1-23-92

Name ROBERT COULTER Instructor JOHN BOCKHORST

Class WELDING Employer/JAC \_\_\_\_\_

6 week Reports	Date		% Grade	Number Sessions	Number Attended	Comment
	From	To				
1st	1-16-92	2-20-92	95	6	5	
2nd	2-27-92	4-9-92	93	6	6	
3rd						
Final						

I, undersigned, give my permission for this evaluation to be released to my employer and/or advisory committee.

Signature [Signature] Date 1-23-92

52

RECORD CARD

Date January 20, 1993 Age 27  
 Name Coulter, Robert Phone 853-5752  
 Address 7366 Brentwood Zip 47630  
 City Evansville State In  
 Employer Bayer's Plumbing  
 Occupation Plumber Fee \_\_\_\_\_  
 Course First Aid Time \_\_\_\_\_

Date	Hrs.	Test	Date	Hrs.	Test	Date	Hrs.	Test
1/20	3		3/47	0				
1/27	0		3/24	3				
2/3	3		3/31	3				
3/10	3		4/7	3				
3/17	3							
3/24	0							
3/3	3							
3/10	3							

Instructor SUSAN Bickler

RECORD CARD

Date 9-16-92 Age \_\_\_\_\_  
 Name COULTER, ROBERT Phone 473-2677  
 Address 5209 PLEASANT RIDGE Zip 47711  
 City EVANSVILLE State IN  
 Employer \_\_\_\_\_  
 Occupation \_\_\_\_\_ Fee \_\_\_\_\_  
 Course ALGEBRA - PLUMBERS Time 6:30-9:3

Date	Hrs.	Test	Date	Hrs.	Test	Date	Hrs.	Test
9/17	3		10/29	3				
9/24	3		11/5	A				
10/1	3		11/12	3				
10/8	3A		11/18	3				
10/15	3		12/3	3				
10/22	3	90	12/10	3	80			

Instructor JOHN SCHNEIDER

53



**A Note From  
C. Knear**

June 20, 2008

To Whom It May Concern:

I worked at Ford Motor

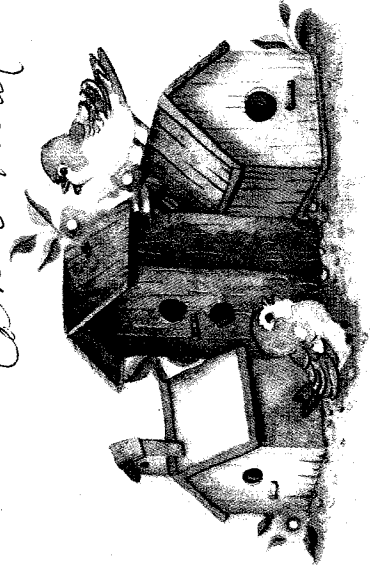
Co in Louisville, KY as a

Maintenance pipefitter/plumber

from May 1995 until my early

retirement in Sept 2007.

Cathie D. Knear



**Expired Journeyman Plumber**

Expired Plumber Renewal Application	DATE EXPIRED	RENEWAL FEE	<b>Please Circle your answer to ALL the following questions: SINCE YOU LAST RENEWED YOUR LICENSE: (if yes to questions 1-3, please attach details of action taken)</b> 1. Has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending? YES <input checked="" type="checkbox"/> NO 2. Have you been denied a license, certificate, registration, or permit in any state? YES <input checked="" type="checkbox"/> NO 3. Have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending? YES <input checked="" type="checkbox"/> NO  You must sign and date below. By signing this form, you are attesting that the information on this renewal is true and correct and that you have met all required continuing education hours if applicable. This form will be returned if it is not correctly completed which will delay the renewal.  Cathie D. Knear Signature _____ Date June 20, 2008
	12/31/2001	**See Below	
	LICENSE NUMBER	CURRENT STATUS	
	JP09100458	Expired Non-Renewable	
Cathie D. Knear 11610 Lambs Ridge Road Elizabeth IN 47117  ENTER HOME ADDRESS CORRECTIONS BELOW CONTROL # 855110 JUL - 1 2008 AMOUNT PAID \$80.00 Renewal \$30.00 Application fee			



## INSPECTION • TESTING • CERTIFICATION

ISO 9001:2000 CERTIFIED

July 10, 2008

Angela Smith Jones  
Indiana Department of Administration  
Procurement Division  
402 West Washington Street, Room W478  
Indianapolis, Indiana 46204

Re: Development and Administration of the Indiana Journeyman Plumbing Examination and the Indiana Plumbing Contractor Examination.

Dear Angela Smith Jones,

Please accept this formal proposal for the development, maintenance, and administration of the Journeyman Plumber and Contractor Plumber examinations that were described in RFP 7-72 section one. It is our understanding that you are open to considering unsolicited proposals at this time.

The "National Inspection Testing Certification Corporation" (NITC) specializes in administering, maintaining, and developing examinations in the construction industry, particularly in the Plumbing and Piping Industry. NITC and IAPMO (International Association of Plumbing and Mechanical Officials) are strategic partners in this regard. IAPMO relies upon NITC for the test development, maintenance, and administration of its national code administration examinations. This allows IAPMO to assist in responding to the testing and licensing needs of its jurisdiction and agency members.

NITC is a highly respected testing agency having acquired the ISO 9001:2000 Quality Management System registration and accreditation of the ANSI ISO/IEC 17024 standard for bodies operating certification of personnel.

The following is for your consideration:

### 2.4 Technical Proposal

(1) NITC will develop an exam for Journeyman Plumber and Contractor Plumber utilizing the criteria in RFP 7-72 at a cost of \$5000 per exam. These exams will be

both computer based and paper/pencil. These exams will be designed with a two hour completion time frame. Computer based examinations will either be held at ACT or other testing facilities within Indiana. Computer based examinations can be held at testing facilities other than ACT as long as the testing facilities are equipped for computer based testing. In the event of testing at non ACT testing centers NITC will provide a qualified proctor.

The administration of the 90 question Journeyman Plumber examination shall cost \$105 per exam.

The administration of the 76 question Plumbing Contractor examination shall cost \$90 per exam.

- (2) NITC shall develop the Journeyman Plumber examination and the Plumbing Contractor examination as specified in RFP 7-72.
- (3) NITC shall ensure that all examinations conform to the requirements of all Indiana State laws, rules, and regulations that apply to administering examinations.
- (4) NITC shall comply with administering examinations by computer or paper/pencil on the same day. NITC shall include 10 questions within the Journeyman Plumber examination and 20 questions within the Plumbing Contractor examination that pertain to Indiana licensing.
- (5) NITC shall use the services of "ACT" computer based testing or a testing facility capable of having computer based testing administered. At the conclusion of the exam, the applicant can view his/her score and print out the results. A photo I.D. card will be mailed to the successful applicant within seven working days of the exam, providing an appropriate photo has been supplied.
- (6) NITC shall develop a candidate bulletin for each examination that will be posted on our web site [www.nationalitc.com](http://www.nationalitc.com) and any other web site designated by the State of Indiana.
- (7) NITC shall obtain the State's approval for all Candidate Bulletins or any other information prior to posting on web sites.
- (8) NITC shall deliver the following examination services:
  - a. NITC shall establish an examination schedule.

- b. NITC shall maintain and provide accurate information to the applicants and the state based on information furnished to NITC by the State of Indiana.
- c. NITC shall be responsible for reviewing the eligibility of the applicant that is supplied by the applicant on his/her application. NITC will not be responsible for verifying eligibility other than that which is stated on the application.
- d. NITC has the ability to offer at no extra charge through our online testing vendor examinations in the following languages: Chinese, French, German, Italian, Japanese, Korean Polish, Portuguese, Russian, and Spanish. If the examination(s) is to be developed in paper/pencil format, the price is \$5000 each and can only be developed in Spanish.
- e. NITC uses "ACT testing centers. There are six (6) testing centers in Indiana, and others are available in the adjoining states.  
(Please visit: [www.nationalitc.com](http://www.nationalitc.com))
- f. NITC shall develop all examinations electronically and paper/pencil.
- g. NITC has a toll free number (877-457-6482) and web site [www.nationalitc.com](http://www.nationalitc.com) that may be used for the purpose of scheduling appointments.
- h. NITC shall collect fees from the candidates during the registration process. NITC accepts credit cards, personnel checks, and electronic checks.
- i. NITC shall negotiate all potential rate increases with the State.
- j. NITC shall provide immediate candidate score reports when taking the exams at ACT centers or other testing facilities, electronically. Paper/Pencil exams are mailed back to the NITC office, graded, and the results are mailed back to the applicant.
- k. NITC complies with the federal ADA. See our web site [www.nationalitc.com](http://www.nationalitc.com). Go to NITC Rules & Procedures (bottom left corner).
- l. NITC shall e-mail a monthly report to the state with the information as outlined in (l).

- m. NITC shall e-mail a monthly report to the apprenticeship program & state as outlined in (m).
- n. NITC shall e-mail a monthly report to the apprenticeship program & state as outlined in (n).
- o. NITC shall provide for candidate review of the appropriate examination in accordance with the guidelines mutually agreed upon by NITC and the State.
- p. NITC shall answer all questions regarding the said examinations.

(9) NITC has complied with all requirements of the ANSI accreditation to ensure security and confidentiality of all applicants' personal information.

(10) If awarded this contract, NITC shall administer for the State of Indiana, the plumbing licensing examinations and the state law licensing examinations.

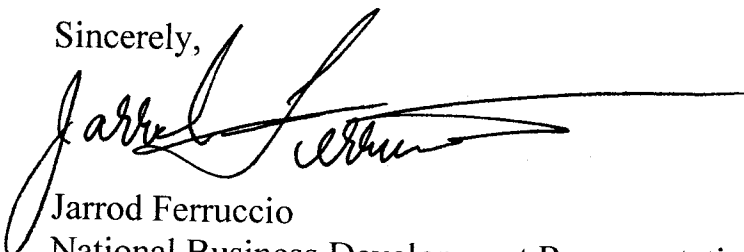
(11) If awarded this contract, NITC shall provide computer based testing at ACT centers or other testing facilities equipped for computer based testing. This system includes on-site examination scoring at the conclusion of each exam. The successful examinee will be mailed a photo I.D. card within seven (7) days, providing the applicant has provided the proper photo to NITC. If awarded this contract, a customized insignia of the states choice can appear on the I.D. card if the State of Indiana so desires.

(12) If awarded this contract, NITC will have certification processors to answer any and all questions pertaining to the examinations. Information shall also be provided on the NITC web site at [www.nationalitc.com](http://www.nationalitc.com).

NITC is looking forward to the opportunity to provide valid and reliable professional testing services that will represent the highly-regarded professionalism of the State of Indiana.

Thank you for considering National Inspection Testing Certification Corporation (NITC).

Sincerely,

  
 Jarrod Ferruccio  
 National Business Development Representative



INSPECTION • TESTING • CERTIFICATION

ISO 9000 CERTIFIED



**Jarrod Ferruccio**  
 National Business  
 Development Representative

National ITC Corporation  
 501 Shatto Place, Suite 201  
 Los Angeles, California 90020  
 (toll free) (877) 457-6482  
 (213) 380-6482  
 Fax (213) 382-2501  
[jarrod@nationalitc.com](mailto:jarrod@nationalitc.com)  
[www.nationalitc.com](http://www.nationalitc.com)



SB

BEFORE THE INDIANA PLUMBING COMMISSION  
CAUSE NO. IPC 08-10

IN THE MATTER OF )  
THE APPLICATION OF )  
NATHAN BOUSMAN, )  
JOURNEYMAN PLUMBER APPLICANT )



HEARING NOTICE

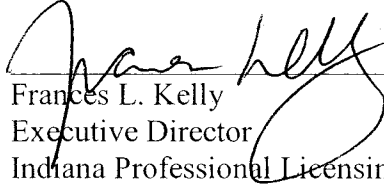
Comes now the Indiana Plumbing Commission (hereinafter "Commission") pursuant to IC 4-21.5-3-20 and issues the following hearing notice.

1. This notice is being provided to Petitioner, Nathan Bousman, c/o Bill Stokes Plumbing, 499 South State Road 267, Avon, IN 46123.
2. This notice is being provided to counsel for the Commission, Julie Alexander, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 402 West Washington Street, 5<sup>th</sup> Floor, Indianapolis, Indiana 46204, telephone number (317) 234-4668.
3. The official cause number of this action is IPC 08-10.
4. This action is pending before the Commission on the Petitioner's petition for review of the Commission's denial of licensure as a journeyman plumber because of examination failure.
5. A hearing regarding this matter will be held on the 23<sup>rd</sup> day of July, 2008, at 11:00 p.m., local time, in the Gerald H. Quigley Conference Room of the Indiana Professional Licensing Agency, Indiana Government Center South, 402 West Washington Street, Room W072, Indianapolis, IN 46204.
6. The Commission is empowered to hear this matter pursuant to the authority of IC 4-21.5-3 and IC 25-28.5.
7. The Commission will be presiding as the administrative law judge in this matter. Angela Smith Jones, Commission Director, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, Indiana Government Center South, 402 W. Washington Street, Room W072, Indianapolis, Indiana 46204, by email at [pla10@pla.IN.gov](mailto:pla10@pla.IN.gov), by facsimile at (317) 233-4236, or by telephone at (317) 234-3022.
8. The hearing will address the issues involved in the denial of licensure as a journeyman plumber because of examination failure as more fully described in the Commission's notice

of denial, a copy of which is attached hereto as Exhibit "A", and the Petitioner's petition for review, a copy of which is attached hereto as Exhibit "B".

9. A party who fails to attend or participate in a prehearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under IC 4-21.5-3-24.

All of which is ORDERED, ADJUDGED AND DECREED this 05 day of June, 2008.

  
\_\_\_\_\_  
Frances L. Kelly  
Executive Director  
Indiana Professional Licensing Agency

cc:

Nathan Bousman  
C/o Bill Stokes Plumbing  
499 South State Road 267  
Avon, IN 46123  
CERTIFIED MAIL NO.: 7006 2760 0003 4667 2833

Julie Alexander  
Deputy Attorney General  
Office of the Attorney General  
Indiana Government Center South  
402 W. Washington Street, 5th Floor  
Indianapolis, Indiana 46204



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 402 W. Washington Street  
 Room 4072  
 Indianapolis, IN 46204

Postage \$ Room 4072  
 Certified Fee Indianapolis, IN 46204  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total 5.49  
 Here Postmark 6/19/08

IPC 08-10  
 Nathan Bousman  
 c/o Bill Stokes Plumbing  
 499 South State Road 267  
 Avon, IN 46123

Sent To \_\_\_\_\_  
 Street or PO # \_\_\_\_\_  
 City, St \_\_\_\_\_

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

IPC 08-10  
 Nathan Bousman  
 c/o Bill Stokes Plumbing  
 499 South State Road 267  
 Avon, IN 46123

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  X *Kelly Mage*  Agent
- B. Received by (Printed Name)  Addressee
- C. Date of Delivery \_\_\_\_\_
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

**3. Service Type**

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label) 7006 2760 0003 4667 2833  
 PS Form 3811, February 2004 Domestic Return Receipt

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**Indiana Plumbing Commission**  
 402 West Washington Street, Room W072  
 Indianapolis, Indiana 46204  
 Telephone: (317) 234-3022  
 Fax: (317) 233-5559  
 Website: [www.pla.IN.gov](http://www.pla.IN.gov)

Governor Mitchell E. Daniels, Jr

**Nathan Bousman**  
 c/o Bill Stokes Plumbing  
 499 South State Road 267  
 Avon IN 46123

April 3, 2008

Dear Nathan Bousman

The Indiana Plumbing Commission regrets to inform you that your application for licensure as a journeyman plumber has been denied pursuant to IC 25-28.5-1-15, because you have failed to achieve a passing score on the journeyman plumber examination. Your examination results are as follows:

Date	Type	Candidate#	Score	Results
March 26, 2008	Copper Project	205	18	Fail
March 26, 2008	Soil Project	205	45	Pass
March 26, 2008	Written	205	69	Fail

Please be advised that if you desire administrative review of this application denial, you must file a written petition for review at the above address with the Indiana Plumbing Commission stating the reason for the review. As the petitioner, you would have the burden of proving in an administrative hearing that the decision to deny application was incorrect. If you do not file a petition for review, this action will be final.

If you file a petition for review, it must be filed no later than eighteen (18) days from the above stated date unless such date is a Saturday, Sunday, legal holiday under state statute or day that the Professional Licensing Agency's offices are closed during regular business hours in which case, the deadline would be the first day thereafter that is not a Saturday, Sunday, or legal holiday under state statute or day the Professional Licensing Agency's offices are closed during regular business hours. If you do so, your petition for review will be granted and an administrative law judge of the Indiana Plumbing Commission will conduct an administrative proceeding.

Should you choose to petition for review, you may review your examination following board action granting your petition, upon making an appointment with the board office at (317) 234-3022.

Sincerely,

Rebecca Tinsley  
 Case Manager

**Exhibit  
 A**

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**Bill Stokes Plumbing, Inc.**

499 S. State Road 267  
Avon, IN 46123  
(317) 839-4860

April 10, 2008

Indiana Plumbing Commission  
402 W Washington Street, Room W072  
Indianapolis, In 46204

Attn: Rebecca Tinsley

My test scores for the written test was 69. I would like to file a petition for review. Please let me know when I can come in to review my written test. I can be reached at the number listed.

Thank you,  
Nathan Bousman  
c/o Bill Stokes Plumbing Inc

Exhibit  
B

64

Timely

D-5-2008

19 May 2008

Brent F. Smith  
26453 Hummingbird Drive  
South Bend, IN 46619

Indiana Professional Licensing Agency  
Indiana Plumbing Commission  
402 W. Washington Street, Room W072  
Indianapolis, IN 46204

Dear Plumbing Commission Board:

I am filing a petition for review of my written exam taken on May 7, 2008.

I have taken the test five times. Now I find that I have been studying from a 1996 UPC Code Book. I ordered the 1999 edition from The Architects Book Store. Allowing me to review my exam and studying from a current code book will help me to get a passing score. I plan to take my next test in July.

Sincerely,



Brent Smith  
BFS Plumbing

RECEIVED

MAY 22 2008

Indiana Professional  
Licensing Agency

65

14 July 2008

Brent F. Smith  
26453 Hummingbird Drive  
South Bend, IN 46619

Indiana Professional Licensing Agency  
Indiana Plumbing Commission  
402 W. Washington Street, Room W072  
Indianapolis, IN 46204  
ATTN: Lorrie Ruble

Dear Plumbing Commission Board:

I wish to withdraw my request to petition for review of my written exam taken on  
May 7, 2008.

Sincerely,



Brent Smith  
BFS Plumbing

66

License 2000 - IPI - Indiana Department of Information Technology

File Help Search License Activation Support Help

Licensee: Daniel J Hrasch (Plumbing Commission)

General Licenses Education Employment Public Info Supp. Info

License #	Type	Status	Probation? Limited?
<not issued>	Journeyman Plumber	Application Denied	

Address: \_\_\_\_\_  
 Issue Date: \_\_\_\_\_  
 Obtained By: Exa  
 From State/Prov: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Date This Status: 06/0  
 Reason Changed: By  
 Date Archived: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_  
 Last Reprint Date: \_\_\_\_\_  
 Reprint Count: 0

Remarks

**Remarks For License Pending For Daniel J Hrasch**

7/9/08 Mr. Hrasch called. He received a ALJ Order which implied that he failed the exam. Mr. Hrasch said that he never took the exam and was denied to sit for the exam. I pulled his file and affirmed this that the ALJ Order is wrong. Angela said to have him send a letter stating he received a wrong order and take it back to the Commission Meeting in July. nks

04/0/08 applicant called to check status-hearing has been granted at 3/26/08 meeting/he should receive hearing notice in a couple of weeks per ASJ SSG

2/8/08 Re'd timely petition-put file in ASJ's file drawer SSG

1/23/08 Denied - no apprenticeship SSG

1/22/07 Re'd faxed letter to send to board for review SSG

11/28/07 Tabled - need proof of apprenticeship program SSG

11/27/07 Ready for board - put in drawer SSG

10/29/07 Mailed final abandon notice and application - need sec. 3 applicant affidavit and notary, need sec. 3 notary seal applied SSG

9/21/07 sent letter again for incomplete application r t

OK Help Cancel

Ready

start 2 Microsoft Offi... 366%20Duties1.d... License 2000 - IPI... Open License 7:57 AM

67

BEFORE THE INDIANA  
PLUMBING COMMISSION  
CAUSE NO. IPC 08-09

IN THE MATTER OF )  
THE APPLICATION OF )  
DANIEL J. HRASCH, )  
JOURNEYMAN PLUMBER )  
APPLICANT )



ADMINISTRATIVE LAW JUDGE'S ORDER

Comes now, John Van Cleve, the Administrative Law Judge designated by the Commission in this proceeding, and hearing having been held, now issues and files his order. Notice is hereby given that any objection to the Administrative Law Judge's Order must be filed with the Commission, identifying the basis of the objection with reasonable particularity, no later than eighteen days from the date of issuance of this order unless such date is a Saturday, a Sunday, a legal holiday under state statute or a day that the Indiana Professional Licensing Agency's offices are closed during regular business hours in which case the deadline would be the first day thereafter that is not a Saturday, a Sunday, a legal holiday under state statute or a day that the Indiana Professional Licensing Agency's offices are closed during regular business hours. This Administrative Law Judge's Order is not the final order of the Commission in this proceeding. However, in the absence of any objection, the Commission either will affirm the Administrative Law Judge's Order as its final order or will serve notice of its intent to review any issue related to the Administrative Law Judge's Order.

FINDINGS OF FACT

1. This proceeding is pending on Daniel J. Hrasch's (hereinafter "Petitioner") petition for review of the Commission's denial of licensure as a Journeyman Plumber because of examination failure.
2. The Petitioner failed to pass the written portion of the plumbing journeyman examination.
3. The Petitioner appeared in person and without counsel at the May 28, 2008, hearing.
4. The Petitioner presented evidence on exam questions he felt were correct.
5. The Administrative Law Judge reviewed the questions and now finds that the questions and evidence submitted by Petitioner was not sufficient evidence of correct answers to render the Petitioner as having passed the exam.

CONCLUSIONS OF LAW

1. One of the requirements for licensure as a journeyman plumber is the passing of an examination as stated in IC 25-28.5-1-15. In 860 IAC 1-3, the Commission has adopted various rule provisions applicable to examinations. 860 IAC 1-3-1 is particularly applicable and reads as follows:
  - (a) The journeyman plumber examination shall consist of a practical section and of a written section.

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(b) The practical section of the examination shall include two (2) parts known as the following:

- (1) The copper pipe project.
- (2) The soil pipe project.

(c) The written section of the examination shall be a multiple-choice test.

(d) In order to pass the practical section of the examination, an individual must obtain scores of at least seventy percent (70%) on both of the following:

- (1) The copper pipe project.
- (2) The soil pipe project.

(e) An individual must obtain a score of at least seventy percent (70%) on the multiple-choice test in order to pass the written section of the examination.

2. The Petitioner did not pass the written sections of the examination as required by 860 IAC 1-3-1.

ORDER

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that the Petitioner's application for licensure as a journey plumber is DENIED.

ISSUED this 8<sup>th</sup> day of July, 2008



John Van Cleve  
Administrative Law Judge  
Indiana Plumbing Commission

Copies to:

Daniel J. Hrasch  
5231 Sherwin Avenue  
Portage, in 46368

Sent by Certified Mail No. 7006 2760 0003 4664 5004  
RETURN RECEIPT REQUESTED

RECEIVED

JUN 20 2008

Indiana Plumbing Commission  
Licensing Section



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

IPC 08-09  
 Daniel J. Hrasch  
 5231 Sherwin Avenue  
 Portage, IN 46368

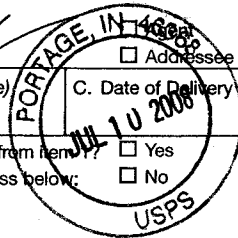
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Handwritten Signature]*

B. Received by (Printed Name)

C. Date of Delivery



D. Is delivery address different from item 1? If YES, enter delivery address below:

- Yes  
 No

3. Service Type

- Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

2. Article Number

(Transfer from service)

7006 2760 0003 4664 5004

*HLJ order*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

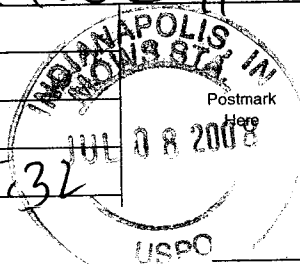
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

*OFFICIAL USE*

4664 5004

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery Fee (Endorsement Required) *5.32*



IPC 08-09  
 Daniel J. Hrasch  
 5231 Sherwin Avenue  
 Portage, IN 46368

PS Form 3800, August 2006

See Reverse for Instructions

70



## Indiana Plumbing Commission

402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 234-3022  
Fax: (317) 233-4236  
Website: [www.PLA.IN.gov](http://www.PLA.IN.gov)

Governor Mitchell E. Daniels, Jr.

May 23, 2008

John T. Young  
Young Plumbing  
3426 N. Lake Park Ave.  
Hobart, IN 46342

Dear Mr. Young:

The Indiana Plumbing Commission reviewed the information and supporting documentation contained within the application of Mr. Daniel Hrasch.

Upon review of the submitted documentation, the commission is requesting that you provide a list of all employees and their license numbers to the commission. Please have this information submitted to the commission two weeks from the date of the letter.

Should you have any questions regarding this matter, please contact our office via email at [pla10@pla.IN.gov](mailto:pla10@pla.IN.gov) or by telephone at (317) 234-3022.

Sincerely,

Angela Smith Jones  
Director  
Indiana Plumbing Commission

BEFORE THE INDIANA PLUMBING COMMISSION  
CAUSE NO. IPC 08-09

IN THE MATTER OF )  
THE APPLICATION OF )  
DANIEL J. HRASCH, )  
JOURNEYMAN PLUMBER )  
EXAMINATION APPLICANT )



HEARING NOTICE

Comes now the Indiana Plumbing Commission (hereinafter "Commission") pursuant to IC 4-21.5-3-20 and issues the following hearing notice.

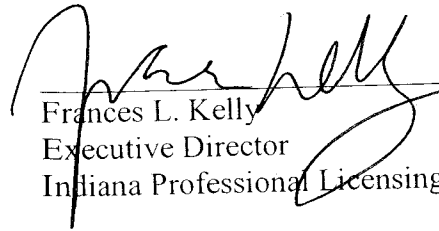
1. This notice is being provided to Petitioner, Daniel J. Hrasch, 5231 Sherwin Avenue, Portage, IN 46368.
2. This notice is being provided to counsel for the Commission, Julie Alexander, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 402 West Washington Street, 5<sup>th</sup> Floor, Indianapolis, Indiana 46204, telephone number (317) 234-4668.
3. The official cause number of this action is IPC 08-09.
4. This action is pending before the Commission on the Petitioner's petition for review of the Commission's denial to sit for the journeyman plumber examination.
5. A hearing regarding this matter will be held on the 28<sup>th</sup> day of May, 2008, at 2:40 p.m., local time, in the Gerald H. Quigley Conference Room of the Indiana Professional Licensing Agency, Indiana Government Center South, 402 West Washington Street, Room W072, Indianapolis, IN 46204.
6. The Commission is empowered to hear this matter pursuant to the authority of IC 4-21.5-3 and IC 25-28.5.
7. John Van Cleve is the administrative law judge designated by the Commission in this matter. Angela Smith Jones, Commission Director, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, Indiana Government Center South, 402 W. Washington Street, Room W072, Indianapolis, Indiana 46204, by email at [pla10@pla.IN.gov](mailto:pla10@pla.IN.gov), by facsimile at (317) 233-4236, or by telephone at (317) 234-3022.
8. The hearing will address the issues involved in the denial to sit for the journeyman plumber examination as more fully described in the Commission's notice of denial, a copy of which is

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attached hereto as Exhibit "A", and the Petitioner's petition for review, a copy of which is attached hereto as Exhibit "B".

9. A party who fails to attend or participate in a prehearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under IC 4-21.5-3-24.

All of which is ORDERED, ADJUDGED AND DECREED this 01 day of May, 2008.

  
 Frances L. Kelly  
 Executive Director  
 Indiana Professional Licensing Agency

7006 2760 0003 4668 0258

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

INDIANA PROFESSIONAL LICENSING AGENCY  
 402 W. Washington Street  
 Room W072  
 Indianapolis, IN 46204

Postage: 1202  
 Certified Fee: 5.38  
 Return Receipt Fee (Endorsement Required):  
 Restricted Delivery Fee (Endorsement Required):  
 Postmark Here: 5/1/2008

To: IPC 08-09  
 Daniel J. Hrasch  
 5231 Sherwin Avenue  
 Portage, IN 46368

PS Form 3800, August 2006 See Reverse for Instructions

CC:  
 Daniel J. Hrasch  
 5231 Sherwin Avenue  
 Portage, IN 46368  
 CERTIFIED MAIL NO.: 7006 2760 0003 4668 0258

Julie Alexander  
 Deputy Attorney General  
 Office of the Attorney General  
 Indiana Government Center South  
 402 W. Washington Street, 5th Floor  
 Indianapolis, Indiana 46204


**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 IPC 08-09  
 Daniel J. Hrasch  
 5231 Sherwin Avenue  
 Portage, IN 46368

2. Article Number (Transfer from service label)  
 7006 2760 0003 4668 0258

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature:   Daniel Hrasch  
 Agent  
 Addressee

B. Received by (Printed Name):  
 C. Date of Delivery: 5-3

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

102595-02-M-1540

73



Indiana Plumbing Commission  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 234-3022  
Fax: (317) 233-5559  
Website: [www.pla.IN.gov](http://www.pla.IN.gov)

Governor Mitchell E. Daniels, Jr

Daniel J Hrasch  
5231 Sherwin Avenue  
Portage IN 46368

January 25, 2008

Dear Daniel J Hrasch:

The Indiana Plumbing Commission considered your Journeyman Plumber application at their January 23, 2008 meeting. It was the decision of the Commission to **deny** your application pursuant IC 25-28.5-1-12(c) and 860 IAC 1-1-9.

The Commission has determined that you failed to provide evidence of the following:

- (a) Evidence of successfully completing at least four (4) years in an apprenticeship program approved by the Commission.

Please be advised that if you desire administrative review of the denial of this application, you must file a written petition for review at the above address with the Indiana Plumbing Commission, stating the reason for review. As the petitioner, you would have the burden of proving, in an administrative hearing, that the decision to deny your application for licensure was incorrect. If you do not file a petition for review, this action will be final.

If you file a petition for review, it must be filed no later than eighteen (18) days from the above stated date unless such date is a Saturday, Sunday, legal holiday under state statute or day that the Professional Licensing Agency's offices are closed during regular business hours. In which case, the deadline would be the first day thereafter that is not a Saturday, Sunday, legal holiday under state statute that the Professional Licensing Agency's offices are closed during regular business hours. If you do so, your petition for review will be granted, and an administrative proceeding will be conducted by an administrative law judge of the Indiana Plumbing Commission.

Sincerely,

Sylvia S. Grinstead  
Case Manager  
Indiana Plumbing Commission

Certified Mail No.: 7002 3150 0003 3036 2689

Exhibit  
A

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RECEIVED

PETITION FOR REVIEW

FEB 08 2008

Indiana Professional  
Licensing Agency

February 7, 2007

Dan Hrasch  
5231 Sherwin Avenue  
Portage, IN 46368  
(219) 588-3233

Indiana Professional Licensing Agency  
Indiana Government Center South  
402 West Washington  
Room W072 Group 10  
Indianapolis, IN 46204

Dear Ms. Sylvia S. Grinstead:

My name is Dan Hrasch. I am writing this letter to gain permission to take the test for my Indiana State Plumbing License. As you will read, I have fulfilled all necessary requirements as stated by the Indiana State Plumbing Licensing Committee. My application, however, has gone through quite a fastidious, albeit understandable, inspection by your Commission, preventing my much desired approval. I am currently employed at Young Plumbing as a service technician, and over the past few years, I have seen my fellow employees, one by one, receive their letters of approval from the IPLA, allowing them to ultimately procure their licenses. My continuing denials have become a theme for comedy amongst my colleagues, as my credentials and applicable experience would seem to be more than enough to gain approval, but nonetheless, I remain, as it were, the last man standing. My only solace is in the possibility that certain aspects of my application must have been overlooked, and I intend to fully justify my qualifications in accordance with all IPLA requirements. I am confident that all previous rejections will be reviewed under these terms, and that I will finally be granted permission to take the test.

In my most recent rejection letter, dated January 25, 2008, the IPLA listed two statutes by which my application was judged, and ultimately denied my application by a rule that is counterintuitive to those very dictates. The Commission denied my application on the sole reason that I failed to provide evidence that I completed four (4) years experience in an approved apprenticeship program. It is no secret that I do not fulfill this requirement. However, the Commission cited Article 860 IC 25-28.5-1-12(c), which clearly states two options that can lead to approval - that being the applicant's completion of a four (4) year apprenticeship program, or four (4) years of experience in the plumbing trade, as proven by a notarized statement. Furthermore, Article 860 IAC 1-1-9, also cited in my rejection letter, continues to tout the validity of my case, by enumerating in provisions (d) and (e) which detail of both viable options - that being the apprenticeship route and the plumbing experience route. That being said, it is clear that my application was reviewed under the pretenses of my qualifications in regards to apprenticeship route, rather than my qualifications in regards to the plumbing experience route.

Exhibit  
B

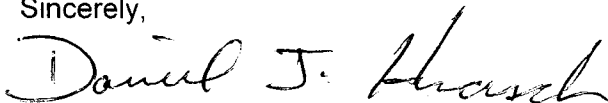
75

I know that the application process is not a comparative procedure, and it is not fair to assume that I would receive acceptance simply because my (seemingly less qualified) co-workers were able to gain approval on their applications. Whereas this is a concern of mine, I am reassured that my argument can be completely justified specifically by its adherence to the codified terms by which my application was submitted. Specifically speaking, if you review my application, you will see that my original submission clearly showed, with W2 form evidence, that I had more than the required four (4) years of plumbing experience. The IPLA then requested a notarized statement (as detailed in 860 IAC 1-1-9), which I supplied. It was the completion of this request that should have resulted in my approval. As you may have guessed, I was disheartened and nonplussed when I received notice that my application was denied under seemingly an entirely new set of rules. Surely it can be seen that my application and all subsequent submissions of W2 forms and notarized letters were aimed at qualifying my four (4) years of plumbing experience. It is my sincere hope that anyone that would have denied my application on the grounds that I have not completed four (4) years of an apprenticeship program must have been missing a significant portion of my file, which trails back more than two years.

All I ask is that you once again review my application under the terms that I have outlined above. I have fully met all requirements as stated in the bylaws of the IPLA, and I have fully complied with all transmissions requested by the IPLA over the years. If a member of the Commission is presented with this information, I see no plausible reason for rejection, including the rationale in my recent (and assumed accidental) denial.

I have the utmost respect for the Indiana Professional Licensing Agency, my local union hall, and my current employer. I have dedicated my life to the trade of plumbing, and have used this passion to provide for my wife and children. All I ask is for a chance – a chance that I have earned. I thank you very much for your consideration, and anxiously await your response.

Sincerely,



Dan Hrasch

**RECEIVED**

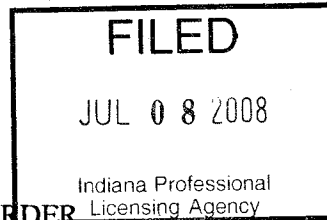
FEB 08 2008

Indiana Professional  
Licensing Agency

76

BEFORE THE INDIANA  
PLUMBING COMMISSION  
CAUSE NO. IPC 08-08

IN THE MATTER OF )  
JEREMY DYKHUIZEN, )  
JOURNEYMAN PLUMBER )  
EXAMINATION APPLICANT. )



ADMINISTRATIVE LAW JUDGE'S ORDER

Comes now, John Van cleve, the Administrative Law Judge designated by the Commission in this proceeding, and hearing having been held, now issues and files his order. Notice is hereby given that any objection to the Administrative Law Judge's Order must be filed with the Commission, identifying the basis of the objection with reasonable particularity, no later than eighteen days from the date of issuance of this order unless such date is a Saturday, a Sunday, a legal holiday under state statute or a day that the Indiana Professional Licensing Agency's offices are closed during regular business hours in which case the deadline would be the first day thereafter that is not a Saturday, a Sunday, a legal holiday under state statute or a day that the Indiana Professional Licensing Agency's offices are closed during regular business hours. This Administrative Law Judge's Order is not the final order of the Commission in this proceeding. However, in the absence of any objection, the Commission either will affirm the Administrative Law Judge's Order as its final order or will serve notice of its intent to review any issue related to the Administrative Law Judge's Order.

FINDINGS OF FACT

1. This proceeding is pending on Jeremy Dykhuizen's (hereinafter "Petitioner") petition for review of the Commission's denial of admittance to the examination for a journeyman plumber.
2. The petitioner does have the required four years of apprenticeship and his experience qualified as an exemption to the requirement for four years of apprenticeship.
3. The Petitioner appeared in person and without counsel at the May 28, 2008 hearing.
4. The Petitioner did present sufficient evidence to make a showing of having completed four years of a Board approved apprenticeship program per the exemption provided by Indiana Code 25-28.5-1-12.

CONCLUSIONS OF LAW

1. IC 25-28.5-1-12 states that to qualify for a journeyman plumber examination an applicant who is an Indiana resident must provide evidence that the applicant has completed at least four (4) years in an apprenticeship program approved by the commission or present to the commission a notarized statement providing evidence that the applicant has at least four (4) years of experience in the plumbing trade in employment as the following:

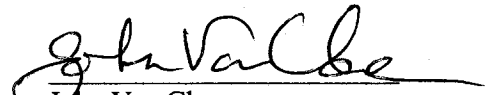


- (1) An authorized employee of the United States, the state, or a political subdivision of the state if the employee does not profess to be for hire and is acting within the scope of the employee's employment.
- (2) Construction, alteration, improvement, or repair of a plumbing system, located on a site, the title of which is in the name of the United States of America, or to construction, alteration, improvement, or repair on a project where federal law supersedes this article.
- (3) An individual who is employed or acts as a maintenance person at the individual's place of employment.

ORDER

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that the Petitioner's application for admittance to the Journeyman Plumbing examination is GRANTED.

ISSUED this 8<sup>th</sup> day of July, 2008

  
John Van Cleve  
Administrative Law Judge  
Indiana Plumbing Commission

Copies to:

Jeremy Dykhuizen  
501 Creekside Drive, Apt. 308  
Lowell, IN 46356

Sent by Certified Mail No. 7006 2760 0003 4664 5011  
RETURN RECEIPT REQUESTED

RL

Indiana Plumbing  
Licensing Agency

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

IPC 08-08  
 Jeremy Dykhuizen  
 501 Creekside Drive, Apt 308  
 Lowell, IN 46356

2. Article Num  
 (Transfer fr

7006 2760 0003 4664 5011

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*X M. Dykhuizen*

- Agent
- Addressee

B. Received by (Printed Name)

*M. Dykhuizen*

C. Date of Delivery

*7-18-08*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

*ALS order*

102595-02-M-1540

**U.S. Postal Service™  
 CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

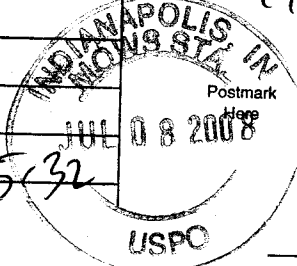
*OFFICE OF FEDERAL BUREAU OF INVESTIGATION*

Postage \$

Certified Fee

Return Receipt Fee  
 (Endorsement Required)

Restricted Delivery Fee  
 (Endorsement Required)



To

IPC 08-08  
 Jeremy Dykhuizen  
 501 Creekside Drive, Apt 308  
 Lowell, IN 46356

Serial

Street

City

PS Form 3800, August 2006

Instructions

7006 2760 0003 4664 5011

LETTER RECEIVED  
05-30-2008  
PC19700189

DEAR WILLIAM NAVE

THIS IS TO INFORM YOU THAT DAN REUILLE DOES NOT EMPLOY ANYBODY, DAN WORKS FOR ME. THOMAS A REUILLE PC1062988.

THE GENTLEMAN THAT HE SIGN A FORM FOR BEING ABLE TO TAKE THE STATE PLUMBING EXAM, DOES NOT WORK FOR ME. HE USED TO WORK FOR ME AND WAS IN THE APPRENTICE TRAINING PROGRAM. HE WAS TOLD BY A [ SYLVIA S. GRINSTEAD] A CASE MANAGER FOR THE INDIANA PLUMBING COMMISION, THAT SHE WOULD SEND HIM THE FORM FOR THE EXAM AND FOR HIM TO FILL IT OUT AND HAVE IT SIGN BY A PERSON HAVING A CONTRACTORS LICENSE, FORMER EMPLOYER OR A SUPERVISOR.

THAT IF HE HAD A MINIMUM OF FOUR YEARS EXPERIENCE, HE COULD TAKE THE EXAM.

DAN REUILLE IS LICENSED AND ALSO USED TO BE HIS SUPERVISOR WHEN HE WORK FOR ME.

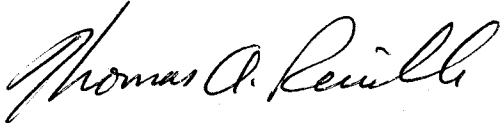
I HAD DAN SIGN THE FORM BECAUSE I WAS OUT OF TOWN THE DAY IT NEEDED TO BE SIGNED.

WE HAVE [ NO ] PLUMBERS WORKING FOR US THAT ARE NOT LICENSED.

THE LIST IS:

THOMAS A. REUILLE	PC1062988
DAN REUILLE	PC19700189
TIM REUILLE	JP29600129
BENJAMIN NIMAN	PA20500110

SINCERELY,



THOMAS A. REUILLE  
OWNER  
ALERT PLUMBING

6-14-2008



## Compliance Division

402 West Washington Street, Room W072

Indianapolis, Indiana 46204

Telephone: (317) 232-5887

Fax: (317) 232-2312

Website: [www.PLA.IN.gov](http://www.PLA.IN.gov)

Governor Mitchell E. Daniels

May 29, 2008

Dan Reuille  
12912 Branstrator Road  
Yoder IN 46798

RE: PC19700189, Active

Re: Examination Licensure and Unlicensed Practice

Dear Dan Reuille:

An application for the plumber contractor or journeyman plumber examination for licensing was submitted to the Indiana Plumbing Commission ("Commission"). In the application, you and the applicant both signed a notarized affidavit stating that the applicant has obtained at least four (4) years of experience in the plumbing trade under your employment and supervision. Upon review of the application, it appears that you, as the employer, allowed the applicant to work in the plumbing trade without the applicant being licensed as a journeyman plumber or plumbing contractor or registered as an apprentice; therefore, the applicant's application has been tabled. **You must immediately stop allowing unlicensed employees to perform plumbing work.**

According to Indiana Code 25-28.5-1-11, it shall be unlawful for *any person* to act in the capacity of a plumbing contractor or journeyman plumber within this state without first *obtaining a license as a plumbing contractor or journeyman plumber from the commission*. In addition, 860 IAC 1-5-5(a) provides that plumbing contractors *shall not allow* any employee or subcontractor to act in the capacity of a plumbing contractor or journeyman plumber *unless that employee or subcontractor has a plumbing contractor's license or a journeyman plumber's license*. A licensing violation such as this could result in disciplinary action, which includes a range of action from a letter of reprimand to revocation of your plumbing contractor's license. You have twenty (20) days from the date of this letter to respond, in writing, to the Compliance Division. The letter must address the allegations and your proposed compliance offer, which must include the following:

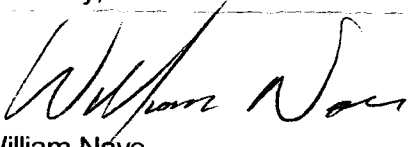
- (a) Your intent and plan to become compliant with the Commission's licensing requirements.
- (b) A statement of understanding of the Indiana plumbing statutes and rules.
- (c) A list of all principals and employees who engage in the practice of plumbing and their job descriptions.
- (d) Filing applications for all employees who meet the requirements for admission to the journeyman plumber or plumbing contractor examination.
- (e) Filing applications for apprentice registration for all employees who do not meet the requirements for admission to the journeyman plumber or plumbing contractor examination.

- (f) As an alternative to subsections (d) and (e), you may file a statement indicating that you, as the employer, will permanently cease and desist from allowing unlicensed employees to engage in plumbing work.

A current copy of the Indiana Plumbing Commission statutes and rules are available at our website at [www.in.gov/pla/bandc/plumbing](http://www.in.gov/pla/bandc/plumbing). You can view the list of approved apprenticeship schools at the Commission's website, click on **license express**, then **license search** and **click here to search for a Corporation, Shop, Business or Tobacco Retailer instead of a person** and then chose from the list the Professions, and click **license type:**, and then **search all** .

If you have any questions, please feel free to contact me at (317) 232-5887 or email me at [wname@pla.in.gov](mailto:wname@pla.in.gov).

Sincerely,



William Nave  
Director of Compliance

Enclosure

Certified Mail: 7002 0860 0000 8020 9028

APPLICATION CHECKLIST

APPLICANT NAME:

Trootman, Jeffrey

IC 25-28.5-1-13

\$30 FEE

AT LEAST 18 YEARS OF AGE

APPRENTICE LICENSE #

NA

JOURNEYMAN LICENSE #

EXPIRATION DATE

EXPIRATION DATE

APPLYING WITH TRAINING OR EXPERIENCE, CHOOSE ONE:

4 YEARS OF TRAINING IN AN APPROVED APPRENTICESHIP PROGRAM (SECTIONS 1 AND 3)

\* IS PROGRAM APPROVED?

YES

NO

\* SIGNATURE OF MANAGER/SPONSOR?

YES

NO

\* NUMBER OF YEARS COMPLETED: \_\_\_\_\_

\* SECTION ONE AND APPLICATION NOTARIZED

YES

NO

4 YEARS EXPERIENCE IN PLUMBING TRADE (SECTIONS 2 AND 3)

\* ALL EXPERIENCE UNDER LICENSED PLUMBING CONTRACTOR(S)?

YES

NO

\* CORPORATE PLUMBING CONTRACTOR LICENSE #

EXPIRES: \_\_\_\_\_

\* PLUMBING CONTRACTOR LICENSE #: PC19700189

EXPIRES: 12-31-09

\* SECTION TWO AND APPLICATION NOTARIZED

YES

NO

LENGTH OF EMPLOYMENT: 7 yrs + 8 mos

EMPLOYER AFFIDAVITS:

YES

NO

NO

APPLICATION AFFIDAVITS:

YES

NO

NO

EXPERIENCE TOTALS AT LEAST 4 YEARS?

YES

NO

HAS A CONVICTION RECORD

DOCUMENTATION ATTACHED

APPLICATION COMPLETE

DOCUMENTATION REQUESTED

APPLICATION NOTARIZED

ADDITIONAL SUPPORTING DOCUMENTATION

COMMISSION ACTION SECTION

APPROVED

TABLED, PENDING RECEIPT OF THE FOLLOWING:

IC 25-28.5-1-12

SEND CONTRACTOR LETTER ON APPRENTICE LICENSE

NO PROOF OF COMPLETION APPRENTICESHIP PROGRAM

DENIED

REASON FOR DENIAL:

STATUTE IC \_\_\_\_\_

RULE 860 IAC \_\_\_\_\_

COMMENTS:

COMMISSION SIGNATURE

Matthew J. Beyschlag

DATE

5-28-08

COMMISSION SIGNATURE

DATE

rcd attor  
return 3-31-08  
28

Professional Licensing Agency  
Group# 10  
402 W Washington Street, W072  
Indianapolis, IN 46204

11/7/2007

\$30.00



**APPLICATION FOR JOURNEYMAN PLUMBER  
EXAMINATION FOR LICENSING**

State Form 40602 (R10 / 11-02)  
Approved by State Board of Accounts, 2002

(317)-232-2980  
www.in.gov/pla

FEE: \$30.00

ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

Social Security number _____		* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1; it is mandatory that it be given. Social Security numbers are made available to the Department of Revenue.	
Name of applicant <b>JEFFREY L TRAUTMAN SR.</b>		Date of birth (month, day, year) <b>MAY 18, 1971</b>	
Address (number and street, city, state, ZIP code) <b>303 East Morton Lane OSSIANN IN 46777</b>			
County <b>WELLS</b>		Telephone number <b>260-705-5126</b>	
Have you ever been convicted of a crime? (if "Yes", provide a copy of the court order and any pertinent documents)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**INSTRUCTIONS:**

- If you are applying on the basis of having completed four (4) years of training in an approved apprenticeship program, please complete Sections one (1) and three (3)
- If you are applying on the basis of having completed four (4) years of experience in the plumbing trade, please complete Sections two (2) and three (3)

SECTION ONE	
APPROVED APPRENTICESHIP PROGRAM SPONSOR CERTIFICATION OF COMPLETION	
I have successfully completed the following four (4) years of training in an approved apprenticeship program, satisfying the requirements as defined in commission rule, 860 IAC 1-1-9, as verified by the sponsor of the approved apprenticeship program, herein:	
Name of apprenticeship program sponsor	Telephone number
Address (number and street, city, state, ZIP code, county)	
Date of enrollment (month, year)	Date of completion (month, year)
I hereby certify that _____ successfully completed four (4) years of training in an approved apprenticeship program. Name of apprentice	
Date of enrollment	Signature of manager of approved apprenticeship program sponsor
Date of completion	Date signed

RECEIVED

NOTARY CERTIFICATE		
STATE OF _____	} SS:	MAR 31 2008
COUNTY OF _____		Indiana Professional Licensing Agency
I, _____, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.		
Signature of manager of approved apprenticeship program sponsor	Signature of Notary Public	
Printed or typed name of manager of approved apprenticeship program sponsor	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

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**SECTION TWO**

I have completed the following four (4) years of experience in the plumbing trade, satisfying the requirements as defined in commission rule, 860 IAC 1-1-9 and 860 IAC 1-1-10, as verified by employer, attached herewith:

Name of employer <b>ALERT PLUMBING</b>	Plumbing contractor license number (if applicable) PC <b>19700189</b>
Address (number and street, city, state, ZIP code) <b>P.O. Box 485 ZANESVILLE IN 46799</b>	
County <b>WELLS</b>	Telephone number <b>260-747-7891</b>
Dates of employment (month, day, year): From <b>August 9, 2000</b> To <b>MARCH 24, 2008</b>	
Name of employer	Plumbing contractor license number (if applicable) PC
Address (number and street, city, state, ZIP code) <b>7 yrs.</b>	
County	Telephone number
Dates of employment (month, day, year): From To	

**APPLICANT AFFIDAVIT OF EXPERIENCE IN PLUMBING TRADE**

I hereby certify that I, JEFFREY L. Troutman SR have worked in the plumbing trade as defined in commission rule 860 IAC 1-1-9, for the period of 9, August, 2000 to 24, MARCH, 2008 for ALERT Plumbing

THOMAS A. Reville

Name of employer or licensed contractor  
PO BOX 485 ZANESVILLE IN 46799

I further certify that I am unable to obtain an employer affidavit verifying the aforementioned experience in the plumbing trade due to the following reason(s):

Signature of applicant: Jeffrey L. Troutman Sr. Date signed: 03/24/2008

**NOTARY CERTIFICATE**

**RECEIVED**

STATE OF IN

COUNTY OF Wells

SS. MAR 31 2008

I, JEFFREY L. Troutman SR

having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of applicant <u>Jeffrey L. Troutman Sr.</u>	Signature of Notary Public <u>Jody A. Brodie</u>
Printed or typed name of applicant <u>JEFFREY L. Troutman SR</u>	Printed or typed name of Notary Public <u>Jody A. Brodie</u>
Date subscribed and sworn to Notary Public <u>March 24, 2008</u>	County of residence <u>Wells</u>
	Date commission expires <u>Sept. 13, 2009</u>

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**EMPLOYER AFFIDAVIT OF EXPERIENCE IN PLUMBING TRADE**

I hereby certify that JEFFREY L Troutman SR. has worked in the plumbing trade as  
Name of applicant  
 defined in commission rule 860 IAC 1-1-9 for the period of 9, August, 2000 to 24, MARCH, 2008  
Day month year Day month year

Signature of employer or licensed plumbing contractor <u>Daniel S Reville</u>	Name of company or plumbing business <u>ALERT Plumbing</u>	Plumbing contractor license number <u>106298 PC 19700189</u>
Address (number and street, city, state, ZIP code) <u>PO BOX 485 ZANESVILLE IN 46799</u>		Date signed <u>MARCH 26, 2008</u>

Licensees who submit false information may be subject to disciplinary action by the Indiana Plumbing Commission.

**NOTARY CERTIFICATE**

STATE OF IN  
 COUNTY OF Wells } SS

I, Daniel S. Reville having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of employer <u>Daniel S Reville</u>	Signature of Notary Public <u>Julie R Olson</u>
Printed or typed name of employer <u>DANIEL S. REVILLE</u>	Printed or typed name of Notary Public <u>Julie R Olson</u>
Date subscribed and sworn to Notary Public <u>March 26, 2008</u>	County of residence <u>Delaware</u>
	Date commission expires <u>January 28, 2009</u>

**SECTION 3 (to be completed by all applicants)**

**NOTARY CERTIFICATE**

STATE OF IN  
 COUNTY OF Wells } SS

I, JEFFREY L TROUTMAN SR having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant <u>Jeffrey L Troutman Sr.</u>	Signature of Notary Public <u>Jody A Brodie</u>
Printed or typed name of applicant <u>JEFFREY L TROUTMAN SR</u>	Printed or typed name of Notary Public <u>Jody A. Brodie</u>
Date subscribed and sworn to Notary Public <u>March 24, 2008</u>	County of residence <u>Wells</u>
	Date commission expires <u>Sept. 13, 2009</u>

**RECEIVED**

MARCH 4 2008



Indiana Plumbing Commission  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 234-3022  
Fax: (317) 233-5559  
Website: [www.pla.IN.gov](http://www.pla.IN.gov)

Governor Mitchell E. Daniels, Jr

Jefferey L. Troutman, Sr.  
303 East Morton Lane  
Ossian IN 46777

May 29, 2008

Dear Jefferey L. Troutman, Sr.:

Your application was tabled by the Indiana Plumbing Commission pending the following:

Proof of completion of an approved apprenticeship program.

Please return the requested documentation with a copy of this letter within sixty (60) days. If you have any questions, please contact me at (317) 234-3022, or [pla10@pla.state.in.us](mailto:pla10@pla.state.in.us).

Sincerely,

Sylvia S. Grinstead  
Case Manager

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Indiana Professional Licensing Agency  
Compliance Division  
402 West Washington Street Room W072  
Indianapolis IN 46204

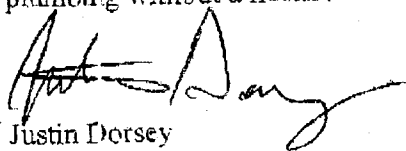
Ms. Ruble:

Per our conversation on June 5, 2008. The two persons who signed the applications alleging that I had falsified the application, in violation of Indiana Code.

Jason Sullivan, applicant and attestant Ronald Saudners were never employed by me, or under my supervision.

After speaking with my employee, he indicated that both Ronald Saudner and Jason Sullivan had been employed by Mr. Rooter of Johnson County for a period. As I shared with you on the phone I terminated my franchise with Mr. Rooter Corporation in 2002. I also left the employment of Mr. Rooter Johnson County shortly afterwards.

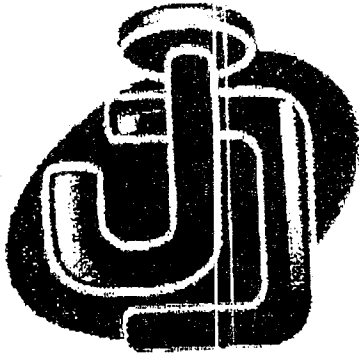
Further I would like to request that you pursue both of these individuals for the fraudulent use of my license on this application and to cease the use of that license for any reason or activity. I would request you take any appropriate action for these individuals performing plumbing without a license.



Justin Dorsey  
President  
dba Justin Dorsey Plumbing

cc William Nave

# FAX COVER SHEET



## West Central Indiana Plumbing, INC.

D.b.a. Justin Dorsey Plumbing

Indiana License Number CP19400079

Office: 1963 State Road 236, Danville Indiana 46122

Mailing: PO Box 296 Danville, Indiana 46122

Phone Number: 317-745-4830

Fax Number: 317-745-0041

Send To: <u>Indiana Professional Licensing</u>	From: <u>Justin Dorsey?</u>
Attention: <u>Mrs. Ruth Williams</u>	Date: <u>6-6-2008</u>
Fax Number: <u>(317) 232-2312</u>	

Urgent  Reply ASAP  Please Comment  Please Review  For Your Information

Total Pages including Cover Sheet: 2

Comments:



## Compliance Division

402 West Washington Street, Room W072

Indianapolis, Indiana 46204

Telephone: (317) 232-5887

Fax: (317)232-2312

Website: [www.PLA.IN.gov](http://www.PLA.IN.gov)

Governor Mitchell E. Daniels

May 30, 2008

Justin Dorsey  
Mr. Rooter Plumbing  
1963 State Road 236  
Danville IN 46122

RE: PC81062328, Active

Re: Examination Licensure and Unlicensed Practice

Dear Justin Dorsey/ Mr. Rooter Plumbing:

An application for the plumber contractor or journeyman plumber examination for licensing was submitted to the Indiana Plumbing Commission ("Commission"). In the application, you and the applicant both signed a notarized affidavit stating that the applicant has obtained at least four (4) years of experience in the plumbing trade under your employment and supervision. Upon review of the application, it appears that you, as the employer, allowed the applicant to work in the plumbing trade without the applicant being licensed as a journeyman plumber or plumbing contractor or registered as an apprentice; therefore, the applicant's application has been denied. **You must immediately stop allowing unlicensed employees to perform plumbing work.**

According to Indiana Code 25-28.5-1-11, it shall be unlawful for *any person* to act in the capacity of a plumbing contractor or journeyman plumber within this state without first *obtaining a license as a plumbing contractor or journeyman plumber from the commission*. In addition, 860 IAC 1-5-5(a) provides that plumbing contractors *shall not allow* any employee or subcontractor to act in the capacity of a plumbing contractor or journeyman plumber *unless that employee or subcontractor has a plumbing contractor's license or a journeyman plumber's license*. A licensing violation such as this could result in disciplinary action, which includes a range of action from a letter of reprimand to revocation of your plumbing contractor's license. You have twenty (20) days from the date of this letter to respond, in writing, to the Compliance Division. The letter must address the allegations and your proposed compliance offer, which must include the following:

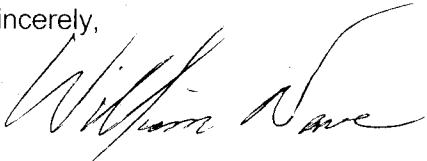
- (a) Your intent and plan to become compliant with the Commission's licensing requirements.
- (b) A statement of understanding of the Indiana plumbing statutes and rules.
- (c) A list of all principals and employees who engage in the practice of plumbing and their job descriptions.
- (d) Filing applications for all employees who meet the requirements for admission to the journeyman plumber or plumbing contractor examination.
- (e) Filing applications for apprentice registration for all employees who do not meet the requirements for admission to the journeyman plumber or plumbing contractor examination.

- (f) As an alternative to subsections (d) and (e), you may file a statement indicating that you, as the employer, will permanently cease and desist from allowing unlicensed employees to engage in plumbing work.

A current copy of the Indiana Plumbing Commission statutes and rules are available at our website at [www.in.gov/pla/bandc/plumbing](http://www.in.gov/pla/bandc/plumbing). You can view the list of approved apprenticeship schools at the Commission's website, click on **license express**, then **license search** and **click** here to search for a Corporation, Shop, Business or Tobacco Retailer instead of a person and then chose from the list the Professions, and click **license type;** and then search all .

If you have any questions, please feel free to contact me at (317) 232-5887 or email me at [wnave@pla.in.gov](mailto:wnave@pla.in.gov).

Sincerely,



William Nave  
Director of Compliance

Enclosure

Certified Mail: 7002 0860 0000 8020 9066

JOURNEYMAN

APPLICATION CHECKLIST

APPLICANT NAME:

Sullivan Jason

IC 25-28.5-1-13



\$30 FEE

AT LEAST 18 YEARS OF AGE

APPRENTICE LICENSE #

N/A PA20200554

EXPIRATION DATE

expired 2011 Renewed

JOURNEYMAN LICENSE #

N/A

EXPIRATION DATE

APPLYING WITH TRAINING OR EXPERIENCE, CHOOSE ONE:



4 YEARS OF TRAINING IN AN APPROVED APPRENTICESHIP PROGRAM (SECTIONS 1 AND 3)

\* IS PROGRAM APPROVED?

YES

NO

\* SIGNATURE OF MANAGER/SPONSOR?

YES

NO

\* NUMBER OF YEARS COMPLETED:

\* SECTION ONE AND APPLICATION NOTARIZED

YES

NO



4 YEARS EXPERIENCE IN PLUMBING TRADE (SECTIONS 2 AND 3)

\* ALL EXPERIENCE UNDER LICENSED PLUMBING CONTRACTOR(S)?

YES

NO

\* CORPORATE PLUMBING CONTRACTOR LICENSE #:

EXPIRES:

\* PLUMBING CONTRACTOR LICENSE #:

PC 81062328

EXPIRES:

12/31/07

\* SECTION TWO AND APPLICATION NOTARIZED

YES

NO



LENGTH OF EMPLOYMENT:

4 yrs

\* EXPERIENCE TOTALS AT LEAST 4 YEARS?

YES

NO

EMPLOYER AFFIDAVITS:

YES

NO

APPLICATION AFFIDAVITS:

YES

NO



HAS A CONVICTION RECORD



DOCUMENTATION ATTACHED



DOCUMENTATION REQUESTED



APPLICATION COMPLETE

APPLICATION NOTARIZED

ADDITIONAL SUPPORTING DOCUMENTATION

COMMISSION ACTION SECTION



APPROVED

TABLED, PENDING RECEIPT OF THE FOLLOWING:



DENIED

REASON FOR DENIAL:

STATUTE IC

25-2805-1-12

RULE 860 IAC

COMMENTS:

SEND WARNING LETTER TO MR ROBERT PLUMBING w/c

COMMISSION SIGNATURE

[Signature]

DATE

5-28-08

COMMISSION SIGNATURE

DATE

50 Crestview Dr.

(317)717-2079

Greenwood, IN 46143

(317)748-5574

# Jason Sullivan

---

## Objective

Seeking a career with roots and stability and opportunity.

## Experience

Apr 2008-current *Earl Grey Plumbing* Bargersville, IN

### Plumber

- Crew Leader
- Finishes, services, rough-ins, slabs

Aug 2007-Apr 2008 *Kirkoff Mechanical* Indianapolis, IN

### Plumber

- Commercial plumbing
- New construction/Renovation/Service
- Ordering
- Troubleshooting
- Crew Leader/Assistant Crew Leader (dependant on job)

Nov 2006-Aug 2007 *JE Mechanical* Indianapolis, IN

### Plumber

- Commercial plumbing
- New construction
- Renovation
- Service

Apr 2004- Oct 2004 *Paul E. Smith* Plainfield, IN

### New Construction Plumbing Apprentice

- New construction installation of water and sewer lines, fixtures, appliances, and gas lines/gas line receptacles
- Service repair

Nov 2001-Nov 2006 *Mr. Rooter Plumbing* Franklin, IN

### Plumber/Mechanic/Equipment Operator

- Service plumbing and warranty repairs
- Shop mechanic (maintenance on all shop vehicles and equipment/machines)
- Operation of track hoes, rubber tire hoes, diesel industrial jettors, kubotas, and trenchers



- Customer service
- Collections and calculating written estimates
- Diagnostic home inspections
- Went out of business

Feb 2001-Oct 2001 *Earl Grey Plumbing* Bargersville, IN

**Plumbing Apprentice**

- New construction, service, and repair plumbing
- Ran gas lines
- Laid off due to lack of business

Feb 1996-June 1999 *Ray's Plumbing Contractors* Jacksonville, FL

**Journeyman Pipe Layer**

- Duties included pipe laying, hill/tail man, shooting grade, rebuilding hydrants, gate and barrel valves, and emergency repairs of mains
- Heavy Equipment Operator
- Year and a half each of Apprenticeship and as a Journeyman Plumber

**Education**

2002-2003 *Mechanical Trade School* Indianapolis, IN

- Plumbing, mathematics, plumbing history, code, diagnostics, blueprint reading, troubleshooting, safety, installation, and on-the-job training

1992-1993 *Central Nine* Greenwood, IN

- Welding, ARC, MIG, TIG, and plasma cutting

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Indiana Plumbing Commission  
402 W. Washington St. Room W072  
Indianapolis, IN 46204  
Tel : (317) 234-3022  
Fax : (317) 233-4236  
Website: [www.pla.in.gov](http://www.pla.in.gov)

Governor Mitchell E. Daniels, Jr.

October 24, 2007

Jason Sullivan  
50 Crestview Dr.  
Greenwood IN 46143

## INCOMPLETE NOTIFICATION

Upon review of your application for licensure in the State of Indiana, we have found that further evaluation cannot be performed until the following documents have been submitted.

Please submit a letter explaining why there is no apprenticeship license or schooling to go with your application.

It is your responsibility to see that proper documentation is received. Your immediate attention to this matter is greatly appreciated. If you have made arrangements for the documentation noted above to be sent to this office, please disregard this notice. When all documentation is received, the Indiana Plumbing Commission will review your file.

***When a "notarized copy" is requested the notary must make the statement that this document is an exact copy of the original. Documents with just a notary seal will not be accepted.***

**\*\*To promote better service, we ask that you also supply us with your email address.\*\***

If you have any questions, please contact us by email at [pla10@pla.IN.gov](mailto:pla10@pla.IN.gov) or by phone at (317) 234-3022.

Lorrie Ruble  
Case Manager

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# APPLICATION FOR JOURNEYMAN PLUMBER EXAMINATION FOR LICENSING

State Form 40602 (R10 / 11-02)

Approved by State Board of Accounts, 2002

7 02 206  
OCT 16 2007  
AMOUNT PAID \$30.00

Indiana Professional Licensing Agency  
302 W. Washington St., Rm. E034  
Indianapolis, IN 46204-2700  
(317)-232-2980  
www.in.gov/pla

FEE: \$30.00

ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

Social Security number *		* Your Social Security number is requested by this agency in accordance with IC 4-1-3-1; it is mandatory that it be given. Social Security numbers are made available to the Department of Revenue.	
Name of applicant Jason L Sullivan		Date of birth (month, day, year) 09/10/75	
Address (number and street, city, state, ZIP code) 50 Crestview Dr. Greenwood, IN 46143			
County Johnson		Telephone number (317) 717-2079	
Have you ever been convicted of a crime? (if "Yes", provide a copy of the court order and any pertinent documents)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

- INSTRUCTIONS:**
- If you are applying on the basis of having completed four (4) years of training in an approved apprenticeship program, please complete Sections one (1) and three (3).
  - If you are applying on the basis of having completed four (4) years of experience in the plumbing trade, please complete Sections two (2) and three (3).

**SECTION ONE**

**APPROVED APPRENTICESHIP PROGRAM SPONSOR CERTIFICATION OF COMPLETION**

I have successfully completed the following four (4) years of training in an approved apprenticeship program, satisfying the requirements as defined in commission rule, 860 IAC 1-1-9, as verified by the sponsor of the approved apprenticeship program, herein:

Name of apprenticeship program sponsor	Telephone number
Address (number and street, city, state, ZIP code, county)	
Date of enrollment (month, year)	Date of completion (month, year)

I hereby certify that \_\_\_\_\_ successfully completed four (4) years of training in an approved apprenticeship program.  
Name of apprentice

Date of enrollment	Signature of manager of approved apprenticeship program sponsor
Date of completion	Date signed

RECEIVED

**NOTARY CERTIFICATE**

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } SS:

I, \_\_\_\_\_, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of manager of approved apprenticeship program sponsor	Signature of Notary Public	
Printed or typed name of manager of approved apprenticeship program sponsor	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

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EMPLOYEE AFFIDAVIT OF EXPERIENCE - PLUMBING TRADE

I hereby certify that Jason L. Sullivan has worked in the plumbing trade as defined in commission rule 860 IAC 1-1-9 for the period of Nov, 2001 to Nov 2006

Signature of employer or licensed plumbing contractor <u>Ronald E. Dandrea</u>	Name of company or plumbing business <u>MR. ROSTER PLUMBING</u>	Plumbing contractor license number <u>PC 81062328</u>
Address (number and street, city, state, ZIP code) <u>Commerce Dr Franklin IN 46134</u>		Date signed <u>July 2, 2007</u>

Licenses who submit false information may be subject to disciplinary action by the Indiana Plumbing Commission.

NOTARY AFFIDAVIT

STATE OF Indiana  
COUNTY OF Johnson } SS:

I, Ronald Sandler, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of employer <u>Ronald E. Dandrea</u>	Signature of Notary Public <u>Beth Ann Cox</u>
Printed or typed name of employer <u>Ronald E. Dandrea</u>	Printed or typed name of Notary Public <u>Beth Ann Cox</u>
Date subscribed and sworn to Notary Public	County of residence <u>John</u>
	Date commission expires <u>8-6-2014</u>

SECTION 3 (to be completed by all applicants)

STATE OF Indiana  
COUNTY OF Johnson } SS:

I, Jason L. Sullivan, having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant <u>JL Sullivan</u>	Signature of Notary Public <u>Beth Ann Cox</u>
Printed or typed name of applicant <u>Jason L. Sullivan</u>	Printed or typed name of Notary Public <u>Beth Ann Cox</u>
Date subscribed and sworn to Notary Public <u>July 2, 2007</u>	County of residence <u>John</u>
	Date commission expires <u>8-6-2014</u>

RECEIVED

Jul 16 2007

Indiana Professional Licensing Agency

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Compliance Division  
402 West Washington Street, Room W072  
Indianapolis, IN 46204  
Attn: Mr. William Nave, Director of Compliance

June 25, 2008

Dear Mr. Nave,

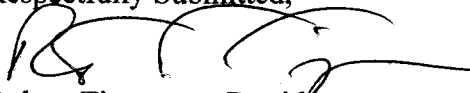
I apologize for causing any issues related to following the rules and statutes of the Indiana Plumbing Commission. I was very involved in helping young men achieve journeyman plumbing status in Indiana early in my career as a licensed plumbing contractor; at that time I do not recall an apprentice license requirement. For a period of several years I was not involved in training apprentices, when I started to train my son I did look at the rules and had 2 misunderstandings at that time:

1. I understood clearly that the rules require a journeyman plumber license to do plumbing work without direct supervision while employed by a licensed plumbing contractor. I also understood that the rules require a contractor license in order to advertise and sell plumbing work that is performed by journeyman plumbers in your employ. I did not understand that there was a requirement for registration of apprentice plumbers as I did not do a good job of reading the details.
2. I read the requirements for applying for the journeyman's test and noted the use of the notarized statement of experience as a qualification but did not understand that it was intended for people not specifically in the construction trade.

The items my response must include:

- (a) I fully intend to become compliant with the Commission's licensing requirements by properly registering David as an apprentice, which includes enrollment in the ABC apprentice training program in Fort Wayne, IN (I am currently working with Kaylene Smith of ABC, 260-441-9897 to accomplish this).
- (b) I have read and reread the Indiana plumbing statutes and rules and believe I now have a good understanding of same.
- (c) Robert Tippmann, principal, licensed plumbing contractor, and licensed journeyman, I am President and lead plumber on our projects; David Tippmann, principal, waiting to be a registered apprentice before resuming, apprentice plumber on our projects. The other two principals are my wife Dani Tippmann, who does no plumbing, and Joseph Tippmann currently deployed in Iraq and only acted as a helper from time to time in plumbing – he concentrates on heating and air. I have one part time employee Max Tippmann who acts as a helper.
- (d) I do not have anyone who qualifies to take the journeyman or contractors exam at this time.
- (e) I am in the process of preparing the application for David as a registered apprentice, as soon as I receive the apprenticeship agreement from ABC I will send in his completed application – I anticipate approximately one week.

Respectfully Submitted,

  
Robert Tippmann, President  
Tippmann Heating and Air LLC

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## Compliance Division

402 West Washington Street, Room W072

Indianapolis, Indiana 46204

Telephone: (317) 232-5887

Fax: (317)232-2312

Website: [www.PLA.IN.gov](http://www.PLA.IN.gov)

Governor Mitchell E. Daniels

June 6, 2008

ROBERT T. TIPPMANN, JR  
130 EAST 400 SOUTH  
COLUMBIA CITY IN 46725

RE: PC19600057, Active

Re: Examination Licensure and Unlicensed Practice

Dear ROBERT T. TIPPMANN, JR:

An application for the plumber contractor or journeyman plumber examination for licensing was submitted to the Indiana Plumbing Commission ("Commission"). In the application, you and the applicant both signed a notarized affidavit stating that the applicant has obtained at least four (4) years of experience in the plumbing trade under your employment and supervision. Upon review of the application, it appears that you, as the employer, allowed the applicant to work in the plumbing trade without the applicant being licensed as a journeyman plumber or plumbing contractor or registered as an apprentice; therefore, the applicant's application has been denied. **You must immediately stop allowing unlicensed employees to perform plumbing work.**

According to Indiana Code 25-28.5-1-11, it shall be unlawful for *any person* to act in the capacity of a plumbing contractor or journeyman plumber within this state without first *obtaining a license as a plumbing contractor or journeyman plumber from the commission*. In addition, 860 IAC 1-5-5(a) provides that plumbing contractors *shall not allow* any employee or subcontractor to act in the capacity of a plumbing contractor or journeyman plumber *unless that employee or subcontractor has a plumbing contractor's license or a journeyman plumber's license*. A licensing violation such as this could result in disciplinary action, which includes a range of action from a letter of reprimand to revocation of your plumbing contractor's license. You have twenty (20) days from the date of this letter to respond, in writing, to the Compliance Division. The letter must address the allegations and your proposed compliance offer, which must include the following:

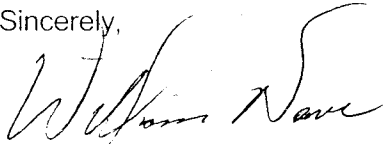
- (a) Your intent and plan to become compliant with the Commission's licensing requirements.
- (b) A statement of understanding of the Indiana plumbing statutes and rules.
- (c) A list of all principals and employees who engage in the practice of plumbing and their job descriptions.
- (d) Filing applications for all employees who meet the requirements for admission to the journeyman plumber or plumbing contractor examination.
- (e) Filing applications for apprentice registration for all employees who do not meet the requirements for admission to the journeyman plumber or plumbing contractor examination.

- (f) As an alternative to subsections (d) and (e), you may file a statement indicating that you, as the employer, will permanently cease and desist from allowing unlicensed employees to engage in plumbing work.

A current copy of the Indiana Plumbing Commission statutes and rules are available at our website at [www.in.gov/pla/bandc/plumbing](http://www.in.gov/pla/bandc/plumbing). You can view the list of approved apprenticeship schools at the Commission's website, click on **license express**, then **license search** and **click here to search for a Corporation, Shop, Business or Tobacco Retailer instead of a person** and then chose from the list the Professions, and click **license type:, and then search all .**

If you have any questions, please feel free to contact me at (317) 232-5887 or email me at [wnave@pla.in.gov](mailto:wnave@pla.in.gov).

Sincerely,



William Nave  
Director of Compliance

Enclosure

Certified Mail:7002 3150 0003 3036 4706



Indiana Plumbing Commission

402 West Washington Street, Room W072

Indianapolis, Indiana 46204

Telephone: (317) 234-3022

Fax: (317) 233-5559

Website: [www.pla.IN.gov](http://www.pla.IN.gov)

Governor Mitchell E. Daniels, Jr

David A. Tippmann  
7718 Westford Ct.  
Fort Wayne IN 46835

June 4, 2008

Dear David A. Tippmann:

Your application was tabled by the Indiana Plumbing Commission pending the following:

**Proof of completion of an approved apprenticeship program**

Please return the requested documentation with a copy of this letter within sixty (60) days. If you have any questions, please contact me at (317) 234-3022, or [pla10@pla.state.in.us](mailto:pla10@pla.state.in.us).

Sincerely,  


Sylvia S. Grinstead  
Case Manager

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JOURNEYMAN

APPLICATION CHECKLIST

APPLICANT NAME:

Tippman, David

IC 25-28.5-1-13



\$30 FEE

AT LEAST 18 YEARS OF AGE

APPRENTICE LICENSE #

NA

EXPIRATION DATE

JOURNEYMAN LICENSE #

EXPIRATION DATE

APPLYING WITH TRAINING OR EXPERIENCE, CHOOSE ONE:



4 YEARS OF TRAINING IN AN APPROVED APPRENTICESHIP PROGRAM (SECTIONS 1 AND 3)

\* IS PROGRAM APPROVED?

YES

NO

\* SIGNATURE OF MANAGER/SPONSOR?

YES

NO

\* NUMBER OF YEARS COMPLETED:

\* SECTION ONE AND APPLICATION NOTARIZED

YES

NO



4 YEARS EXPERIENCE IN PLUMBING TRADE (SECTIONS 2 AND 3)

\* ALL EXPERIENCE UNDER LICENSED PLUMBING CONTRACTOR(S)?

YES

NO

\* CORPORATE PLUMBING CONTRACTOR LICENSE #:

\* PLUMBING CONTRACTOR LICENSE #: PC19600057

EXPIRES:

EXPIRES: 12-31-09

\* SECTION TWO AND APPLICATION NOTARIZED

YES

NO



LENGTH OF EMPLOYMENT:

4 yrs

\* EXPERIENCE TOTALS AT LEAST 4 YEARS?

YES

NO

EMPLOYER AFFIDAVITS:

YES

NO

APPLICATION AFFIDAVITS:

YES

NO



HAS A CONVICTION RECORD



DOCUMENTATION ATTACHED



DOCUMENTATION REQUESTED



APPLICATION COMPLETE

APPLICATION NOTARIZED

ADDITIONAL SUPPORTING DOCUMENTATION

COMMISSION ACTION SECTION



APPROVED

TABLED, PENDING RECEIPT OF THE FOLLOWING:

ON APPRENTICE LICENSE  
IC 25-28.5-1-12

SEND CONTRACTOR LETTER

NO PROOF OF COMPLETION  
APPRENTICESHIP PROGRAM



DENIED

REASON FOR DENIAL:

STATUTE IC

RULE 860 IAC

COMMENTS:

COMMISSION SIGNATURE

Matthew J. Bucyaha

DATE

5-28-08

COMMISSION SIGNATURE

DATE



# APPLICATION FOR JOURNEYMAN PLUMBER EXAMINATION FOR LICENSING

State Form 40602 (R10 / 11-02)  
Approved by State Board of Accounts, 2002

APR 9 2008

Indiana Professional Licensing Agency  
302 W. Washington St., Rm. E034  
Indianapolis, IN 46204-2700  
(317)-232-2980  
www.in.gov/pla

\$30.00

FEE: \$30.00

ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

Social Security number *		* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1; it is mandatory that it be given. Social Security numbers are made available to the Department of Revenue.	
Name of applicant	David A. Tippmann	Date of birth (month, day, year)	10-09-1985
Address (number and street, city, state, ZIP code) 7718 Westford Ct. Fort Wayne IN. 46835			
County	Allen	Telephone number	(260) 610-3283
Have you ever been convicted of a crime? (if "Yes", provide a copy of the court order and any pertinent documents)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

### INSTRUCTIONS:

- If you are applying on the basis of having completed four (4) years of training in an approved apprenticeship program, please complete Sections one (1) and three (3).
- If you are applying on the basis of having completed four (4) years of experience in the plumbing trade, please complete Sections two (2) and three (3).

SECTION ONE	
APPROVED APPRENTICESHIP PROGRAM SPONSOR CERTIFICATION OF COMPLETION	
I have successfully completed the following four (4) years of training in an approved apprenticeship program, satisfying the requirements as defined in commission rule, 860 IAC 1-1-9, as verified by the sponsor of the approved apprenticeship program, herein:	
Name of apprenticeship program sponsor	Telephone number
Address (number and street, city, state, ZIP code, county)	
Date of enrollment (month, year)	Date of completion (month, year)
I hereby certify that _____ successfully completed four (4) years of training in an approved apprenticeship program. Name of apprentice	
Date of enrollment	Signature of manager of approved apprenticeship program sponsor
Date of completion	Date signed

NOTARY CERTIFICATE		
STATE OF _____	} SS:	
COUNTY OF _____		
I, _____, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.		
Signature of manager of approved apprenticeship program sponsor	Signature of Notary Public	
Printed or typed name of manager of approved apprenticeship program sponsor	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

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**SECTION TWO**

I have completed the following four (4) years of experience in the plumbing trade, satisfying the requirements as defined in commission rule, 860 IAC 1-1-9 and 860 IAC 1-1-10, as verified by employer, attached herewith:

Name of employer <u>Tippmann Heating &amp; Air LLC</u>	Plumbing contractor license number (if applicable): <u>PC 1960057</u>
Address (number and street, city, state, ZIP code) <u>11400 Arcola Rd. Arcola IN. 46704</u>	
County <u>Allen</u>	Telephone number <u>(260) 625-6680</u>
Dates of employment (month, day, year): From <u>4-1-04</u> To <u>4-4-08</u>	
Name of employer	Plumbing contractor license number (if applicable): PC
Address (number and street, city, state, ZIP code)	
County	Telephone number
Dates of employment (month, day, year): From To	

**APPLICANT AFFIDAVIT OF EXPERIENCE IN PLUMBING TRADE**

I hereby certify that I, David A. Tippmann have worked in the plumbing trade as defined in commission rule 860 IAC 1-1-9, for the period of 4-01-04 to 4-04-08 for Tippmann Heating & Air LLC

Name of employer or licensed contractor <u>Tippmann Heating &amp; Air LLC</u>
Address (number and street, city, state, ZIP code) <u>11400 Arcola Rd Arcola IN. 46704</u>

I further certify that I am unable to obtain an employer affidavit verifying the aforementioned experience in the plumbing trade due to the following reason(s):

Signature of applicant <u>David Tippmann</u>	Date signed <u>4-3-08</u>
---	------------------------------

**NOTARY CERTIFICATE**

STATE OF Indiana  
COUNTY OF Allen } SS:  
I, David A. Tippmann, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of applicant <u>David A. Tippmann</u>	Signature of Notary Public <u>Amy R Mulkey</u>
Printed or typed name of applicant <u>David A. Tippmann</u>	Printed or typed name of Notary Public <u>Amy R Mulkey</u>
Date subscribed and sworn to Notary Public <u>4-3-08</u>	County of residence <u>Allen</u>
	Date commission expires <u>12-28-2013</u>

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**EMPLOYER AFFIDAVIT OF EXPERIENCE IN PLUMBING TRADE**

I hereby certify that David A. Tippmann has worked in the plumbing trade as defined in commission rule 860 IAC 1-1-9 for the period of 4, 1, 2004 to 3, 4, 2008

Signature of employer or licensed plumbing contractor <i>Robert T Tippmann Jr</i>	Name of company or plumbing business Tippmann Heating & Air	Plumbing contractor license number PC19600057
Address (number and street, city, state, ZIP code) 11400 Arcola Road, Arcola, IN 46704		Date signed 4/3/08

Licenses who submit false information may be subject to disciplinary action by the Indiana Plumbing Commission.

**NOTARY CERTIFICATE**

STATE OF Indiana  
COUNTY OF Allen } SS:

I, Robert T Tippmann, Jr., having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of employer <i>Robert T Tippmann Jr</i>	Signature of Notary Public <i>Amy R Mulkey</i>
Printed or typed name of employer Robert T Tippmann Jr.	Printed or typed name of Notary Public Amy R Mulkey
Date subscribed and sworn to Notary Public 4-3-08	County of residence Allen
	Date commission expires 12-28-2013

**SECTION 3 (to be completed by all applicants)**

**NOTARY CERTIFICATE**

STATE OF Indiana  
COUNTY OF Allen } SS:

I, David A Tippmann, having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant <i>David A Tippmann</i>	Signature of Notary Public <i>Amy R Mulkey</i>
Printed or typed name of applicant David A. Tippmann	Printed or typed name of Notary Public Amy R Mulkey
Date subscribed and sworn to Notary Public 4-3-08	County of residence Allen
	Date commission expires 12-28-2013

**RECEIVED**

APR 09 2008

Indiana Professional  
Licensing Agency

105



**Indiana Professional Licensing Agency**  
 402 West Washington Street, Room W072, Indianapolis, Indiana 46204 (317) 234-3022

**PLUMBING CORPORATION**

License Number	Expiration Date	License Status
CO30300037	12/31/2009	Active

**TIPPMANN HEATING AND AIR LLC**  
 Tippmann Heating and Air LLC  
 130 E 400 S  
 Columbia City IN 46725

*Frances L. Kelly*  
 Frances L. Kelly  
 Executive Director  
 Indiana Professional Licensing Agency

STATE FORM 49122 (9-98)



**Indiana Professional Licensing Agency**  
 402 West Washington Street, Room W072, Indianapolis, Indiana 46204 (317) 234-3022

**PLUMBER CONTRACTOR**

License Number	Expiration Date	License Status
PC19600057	12/31/2009	Active

**ROBERT T. TIPPMANN, JR**  
 130 EAST 400 SOUTH  
 COLUMBIA CITY IN 46725

*Frances L. Kelly*  
 Frances L. Kelly  
 Executive Director  
 Indiana Professional Licensing Agency

STATE FORM 49122 (9-98)

Job

# Schroering

**PLUMBING INDY, LLC**

**2145 S. STATE RD 162**

**JASPER , IN. 47546**

**PH: 812-482-2466**

**FAX 812-481-9266**

June 4, 2008

IPLA Compliance Division  
Attn: William Nave  
402 W Washington St, Room W072  
Indianapolis, IN 46204

To Whom It May Concern:

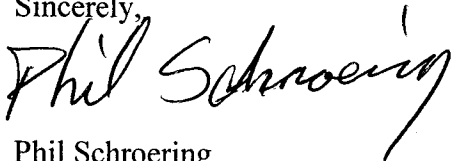
Regarding the enclosed letter we received from you. We understand & agree with your Licensing Requirements, Plumbing Statues & Rules.

We sent a letter (of which I have enclosed), to the Indiana Plumbing Commission explaining the employment/apprentice school status of the applicant, Adam Wahl. There seems to be a misunderstanding that the applicant, Adam Wahl was/is employed without being enrolled in the apprenticeship program, which is incorrect information. As you can see by the highlighted areas of the enclosed letter, when Adam was in our employment, he was enrolled & attended the required apprentice training.

If further explanation or clarification is needed please call me & I will be glad answer any other questions or concerns you may have.

Thank you for your time & consideration in this matter

Sincerely,



Phil Schroering  
Owner

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# Schroering

**PLUMBING INDY, LLC**

**2145 S. STATE RD 162**

**JASPER , IN. 47546**

**PH: 812-482-2466**

**FAX 812-481-9266**

COPY

March 20, 2008

Indiana Plumbing Commission  
Attn: Kevin Moore, Case Manager

Re: Request to take Plumbing Test

I am contacting you, to request your consideration in allowing Adam Wahl to take the Journeyman Plumber examination.

Adam began working for Schroering Plumbing, Heating & A/C, LLC in Jasper, IN on July 6, 2001 & enrolled in South Central Indiana Assoc of Plumbing, Heating & Cooling Contractors School on Aug. 10, 2001. He attended First Year Apprenticeship Classes until Completion, which was May 9, 2002. Adam continued working for Schroering Plumbing, Heating & A/C, LLC & attended Second Year Apprenticeship Classes from Aug. 2002 until Dec. 28, 2002, at which time he relocated to Indianapolis.

He then began working for a Licensed Plumber in Indianapolis.

The Plumbing Contractor with which he was working did not compensate for attending Plumbing Apprenticeship schooling, so he was not able to attend.

On Jan. 1, 2007, Adam began working for Schroering Plumbing Indy, LLC & enrolled in the Apprenticeship program with Mechanical Skills, Inc beginning Aug. 21, 2007 & is presently attending classes.

Adam is a very competent plumber & I am confident that he knows the Plumbing Codes quite well.

Adam has been performing Plumbing work, full time for almost 7 years & I feel very confident he deserves your consideration to take the Journeyman Plumber examination.

Thank you for your time & consideration in this matter.

Should you have any further questions or concerns, please feel free to contact me.

Sincerely,

Phil Schroering  
Owner, Schroering Plumbing Indy, LLC

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## Compliance Division

402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 232-5887  
Fax: (317)232-2312  
Website: [www.PLA.IN.gov](http://www.PLA.IN.gov)

Governor Mitchell E. Daniels

COPY

May 30, 2008

Phil Schroering  
Schroering Plumbing, Heating & A/C, LLC  
2145 South State Road 162  
Jasper IN 47546

RE: PC88900130, Active

Re: Examination Licensure and Unlicensed Practice

Dear Phil Schroering:

An application for the plumber contractor or journeyman plumber examination for licensing was submitted to the Indiana Plumbing Commission ("Commission"). In the application, you and the applicant both signed a notarized affidavit stating that the applicant has obtained at least four (4) years of experience in the plumbing trade under your employment and supervision. Upon review of the application, it appears that you, as the employer, allowed the applicant to work in the plumbing trade without the applicant being licensed as a journeyman plumber or plumbing contractor or registered as an apprentice; therefore, the applicant's application has been denied. **You must immediately stop allowing unlicensed employees to perform plumbing work.**

According to Indiana Code 25-28.5-1-11, it shall be unlawful for *any person* to act in the capacity of a plumbing contractor or journeyman plumber within this state without first *obtaining a license as a plumbing contractor or journeyman plumber from the commission*. In addition, 860 IAC 1-5-5(a) provides that plumbing contractors *shall not allow* any employee or subcontractor to act in the capacity of a plumbing contractor or journeyman plumber *unless that employee or subcontractor has a plumbing contractor's license or a journeyman plumber's license*. A licensing violation such as this could result in disciplinary action, which includes a range of action from a letter of reprimand to revocation of your plumbing contractor's license. You have twenty (20) days from the date of this letter to respond, in writing, to the Compliance Division. The letter must address the allegations and your proposed compliance offer, which must include the following:

- (a) Your intent and plan to become compliant with the Commission's licensing requirements.
- (b) A statement of understanding of the Indiana plumbing statutes and rules.
- (c) A list of all principals and employees who engage in the practice of plumbing and their job descriptions.
- (d) Filing applications for all employees who meet the requirements for admission to the journeyman plumber or plumbing contractor examination.
- (e) Filing applications for apprentice registration for all employees who do not meet the requirements for admission to the journeyman plumber or plumbing contractor examination.

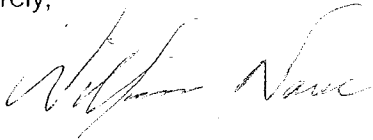


- (f) As an alternative to subsections (d) and (e), you may file a statement indicating that you, as the employer, will permanently cease and desist from allowing unlicensed employees to engage in plumbing work.

A current copy of the Indiana Plumbing Commission statutes and rules are available at our website at [www.in.gov/pla/bandc/plumbing](http://www.in.gov/pla/bandc/plumbing). You can view the list of approved apprenticeship schools at the Commission's website, click on **license express**, then **license search** and **click here to search for a Corporation, Shop, Business or Tobacco Retailer instead of a person** and then chose from the list the Professions, and click **license type:, and then search all** .

If you have any questions, please feel free to contact me at (317) 232-5887 or email me at [wnave@pla.in.gov](mailto:wnave@pla.in.gov).

Sincerely,



William Nave  
Director of Compliance

Enclosure

Certified Mail: 7002 0860 0000 8020 9073



**APPLICATION FOR JOURNEYMAN PLUMBER  
EXAMINATION FOR LICENSING**

State Form 40602 (R10 / 11-02)  
Approved by State Board of Accounts, 2002

**Professional Licensing Agency  
Group# 10  
402 W Washington Street, W072  
Indianapolis, IN 46204**

**FEE: \$30.00**

**ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

Social Security number *		* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1; it is mandatory that it be given. Social Security numbers are made available to the Department of Revenue.	
Name of applicant <i>Adam M. Wahl</i>		Date of birth (month, day, year) <i>2/29/1980</i>	
Address (number and street, city, state, ZIP code) <i>7637 N 600W Indianapolis IN 46055</i>			
County <i>Hancock</i>		Telephone number <i>812-661-0606</i>	
Have you ever been convicted of a crime? (if "Yes", provide a copy of the court order and any pertinent documents)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**INSTRUCTIONS:**

1. If you are applying on the basis of having completed four (4) years of training in an approved apprenticeship program, please complete Sections one (1) and three (3).
2. If you are applying on the basis of having completed four (4) years of experience in the plumbing trade, please complete Sections two (2) and three (3).

SECTION ONE	
APPROVED APPRENTICESHIP PROGRAM SPONSOR CERTIFICATION OF COMPLETION	
I have successfully completed the following four (4) years of training in an approved apprenticeship program, satisfying the requirements as defined in commission rule, 860 IAC 1-1-9, as verified by the sponsor of the approved apprenticeship program, herein:	
Name of apprenticeship program sponsor	Telephone number
Address (number and street, city, state, ZIP code, county)	
Date of enrollment (month, year)	Date of completion (month, year)
I hereby certify that _____ successfully completed four (4) years of training in an approved apprenticeship program. Name of apprentice	
Date of enrollment	Signature of manager of approved apprenticeship program sponsor
Date of completion	Date signed

NOTARY CERTIFICATE		
STATE OF _____	} SS:	
COUNTY OF _____		
I, _____, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.		
Signature of manager of approved apprenticeship program sponsor	Signature of Notary Public	
Printed or typed name of manager of approved apprenticeship program sponsor	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

**SECTION TWO**

I have completed the following four (4) years of experience in the plumbing trade, satisfying the requirements as defined in commission rule, 860 IAC 1-1-9 and 860 IAC 1-1-10, as verified by employer, attached herewith:

Name of employer <i>Phil Schroering</i>	Plumbing contractor license number (if applicable): PC <i>88900130</i>
Address (number and street, city, state, ZIP code) <i>2145 S ST Rd 162 Jasper, IN 47546</i>	
County <i>Dubois</i>	Telephone number <i>812-482-2466</i>
Dates of employment (month, day, year): From <i>July 6, 2001</i> To <i>Jan 1 2003</i>	
Name of employer <i>May Plumbing</i>	Plumbing contractor license number (if applicable): PC <i>88701082</i>
Address (number and street, city, state, ZIP code) <i>11630 Oshawa St Indianapolis IN 46236</i>	
County <i>Marion</i>	Telephone number <i>317-823-6461</i>
Dates of employment (month, day, year): From <i>Jan 6, 2003</i> To <i>March 1, 2004</i> From <i>Jan 1, 2005</i> To <i>Sept 15, 2006</i>	

**APPLICANT AFFIDAVIT OF EXPERIENCE IN PLUMBING TRADE**

I hereby certify that I, *Adam M. Wahl* have worked in the plumbing trade as defined in commission rule 860 IAC 1-1-9, for the period of *1/6/03 - 1/1/05* to *3/1/04 - 9/15/06* for *May Plumbing*  
Name of applicant Day, month, year Day, month, year Name of company or plumbing business

*May Plumbing - owner - Sam May*  
Name of employer or licensed contractor

*11630 Oshawa St Indianapolis IN 46236*  
Address (number and street, city, state, ZIP code)

I further certify that I am unable to obtain an employer affidavit verifying the aforementioned experience in the plumbing trade due to the following reason(s):  
*I am no longer employed at May Plumbing, as I left to begin a new job. therefore it would be quite awkward & difficult to obtain the signature. I have sent copy's of this for proof*

Signature of applicant: *Adam M. Wahl* Date signed: *4/24/08*

**NOTARY CERTIFICATE**

STATE OF \_\_\_\_\_ }  
 COUNTY OF \_\_\_\_\_ } SS:

I, \_\_\_\_\_, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of applicant	Signature of Notary Public	
Printed or typed name of applicant	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

*112*

**EMPLOYER AFFIDAVIT OF EXPERIENCE IN PLUMBING TRADE**

I hereby certify that Adam M Wahl has worked in the plumbing trade as  
Name of applicant

defined in commission rule 860 IAC 1-1-9 for the period of 6-7-01 to 1-1-03  
Day, month, year Day, month, year

<small>Signature of employer or licensed plumbing contractor</small>	<small>Name of company or plumbing business</small> <u>Schroering Plumbing Heating LLC</u>	<small>Plumbing contractor license number</small> <u>88900130</u>
<small>Address (number and street, city, state, ZIP code)</small> <u>2145 S St Rd 162 Jasper In 47546</u>		<small>Date signed</small> <u>4/24/08</u>

**Licenses who submit false information may be subject to disciplinary action by the Indiana Plumbing Commission.**

**NOTARY CERTIFICATE**

STATE OF \_\_\_\_\_ }  
 COUNTY OF \_\_\_\_\_ } SS:

I, \_\_\_\_\_, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

<small>Signature of employer</small>	<small>Signature of Notary Public</small>
<small>Printed or typed name of employer</small> <u>Phil Schroering</u>	<small>Printed or typed name of Notary Public</small>
<small>Date subscribed and sworn to Notary Public</small>	<small>County of residence</small> <small>Date commission expires</small>

**SECTION 3 (to be completed by all applicants)**

**NOTARY CERTIFICATE**

STATE OF \_\_\_\_\_ }  
 COUNTY OF \_\_\_\_\_ } SS:

I, \_\_\_\_\_, having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

<small>Signature of applicant</small> <u>Adam M Wahl</u>	<small>Signature of Notary Public</small>
<small>Printed or typed name of applicant</small> <u>Adam M. Wahl</u>	<small>Printed or typed name of Notary Public</small>
<small>Date subscribed and sworn to Notary Public</small>	<small>County of residence</small> <small>Date commission expires</small>

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**EMPLOYER AFFIDAVIT OF EXPERIENCE IN PLUMBING TRADE**

I hereby certify that Adam M Wahl has worked in the plumbing trade as  
Name of applicant  
 defined in commission rule 860 IAC 1-1-9 for the period of 6-7-01 to 1-1-03  
Day, month, year Day, month, year

Signature of employer or licensed plumbing contractor <u>Phil Schroering</u>	Name of company or plumbing business <u>Schroering Plumbing Heating LLC</u>	Plumbing contractor license number <u>88900130</u>
Address (number and street, city, state, ZIP code) <u>2145 S St Rd 162 Jasper IN 47546</u>		Date signed <u>4/24/08</u>

**Licensees who submit false information may be subject to disciplinary action by the Indiana Plumbing Commission.**

**NOTARY CERTIFICATE**

STATE OF Indiana  
 COUNTY OF Dubois } SS:

I, Phil Schroering, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of employer <u>Phil Schroering</u>	Signature of Notary Public <u>Linda L Schroering</u>
Printed or typed name of employer <u>Phil Schroering</u>	Printed or typed name of Notary Public <u>Linda L Schroering</u>
Date subscribed and sworn to Notary Public <u>04/24/08</u>	County of residence <u>Dubois</u>
	Date commission expires <u>7/20/08</u>

**SECTION 3 (to be completed by all applicants)**

**NOTARY CERTIFICATE**

STATE OF Indiana  
 COUNTY OF Dubois } SS:

I, Adam M Wahl, having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant <u>Adam M Wahl</u>	Signature of Notary Public <u>Linda L Schroering</u>
Printed or typed name of applicant <u>Adam M. Wahl</u>	Printed or typed name of Notary Public <u>Linda L Schroering</u>
Date subscribed and sworn to Notary Public <u>04/24/08</u>	County of residence <u>Dubois</u>
	Date commission expires <u>7/20/08</u>

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# JOURNEYMAN

## APPLICATION CHECKLIST

APPLICANT NAME:

Wahl Adam

IC 25-28.5-1-13



\$30 FEE

AT LEAST 18 YEARS OF AGE

APPRENTICE LICENSE #

N/A

EXPIRATION DATE

JOURNEYMAN LICENSE #

EXPIRATION DATE

### APPLYING WITH TRAINING OR EXPERIENCE, CHOOSE ONE:

4 YEARS OF TRAINING IN AN APPROVED APPRENTICESHIP PROGRAM (SECTIONS 1 AND 3)

\* IS PROGRAM APPROVED?

 YES NO

\* SIGNATURE OF MANAGER/SPONSOR?

 YES NO

\* NUMBER OF YEARS COMPLETED:

\* SECTION ONE AND APPLICATION NOTARIZED

 YES NO

4 YEARS EXPERIENCE IN PLUMBING TRADE (SECTIONS 2 AND 3)

\* ALL EXPERIENCE UNDER LICENSED PLUMBING CONTRACTOR(S)?

 YES NO

\* CORPORATE PLUMBING CONTRACTOR LICENSE #:

EXPIRES:

\* PLUMBING CONTRACTOR LICENSE #: PC 889 00130

EXPIRES: 12-31-09

\* SECTION TWO AND APPLICATION NOTARIZED

 YES NO

LENGTH OF EMPLOYMENT:

4+

\* EXPERIENCE TOTALS AT LEAST 4 YEARS?

 YES NO

EMPLOYER AFFIDAVITS:

 YES

\* NO

APPLICATION AFFIDAVITS:

 YES

\* NO



HAS A CONVICTION RECORD



DOCUMENTATION ATTACHED



APPLICATION COMPLETE



DOCUMENTATION REQUESTED

APPLICATION NOTARIZED

### ADDITIONAL SUPPORTING DOCUMENTATION

Aware of APP he wants go do is.

### COMMISSION ACTION SECTION



APPROVED

TABLED, PENDING RECEIPT OF THE FOLLOWING:

IC 25-28.5-1-12



DENIED

REASON FOR DENIAL:

STATUTE IC

25-28.5-1-12

RULE 860 IAC

COMMENTS: SEND CONTRACTOR LETTER WORKING WITHOUT APPRENTICESHIP LICENSE. HAS NOT COMPLETED 4 YEAR APPRENTICESHIP PROGRAM MAY APPLY AFTER COMPLETION

COMMISSION SIGNATURE

Maureen J. Reynolds

DATE

5-28-08

COMMISSION SIGNATURE

DATE

115

# Schroering

**PLUMBING INDY, LLC**

**2145 S. STATE RD 162**

**JASPER , IN. 47546**

**PH: 812-482-2466**

**FAX 812-481-9266**

March 20, 2008

Indiana Plumbing Commission  
Attn: Kevin Moore, Case Manager

Re: Request to take Plumbing Test

I am contacting you, to request your consideration in allowing Adam Wahl to take the Journeyman Plumber examination.

Adam began working for Schroering Plumbing, Heating & A/C, LLC in Jasper, IN on July 6, 2001 & enrolled in South Central Indiana Assoc of Plumbing, Heating & Cooling Contractors School on Aug. 10, 2001. He attended First Year Apprenticeship Classes until Completion, which was May 9, 2002. Adam continued working for Schroering Plumbing, Heating & A/C, LLC & attended Second Year Apprenticeship Classes from Aug. 2002 until Dec. 28, 2002, at which time he relocated to Indianapolis.

He then began working for a Licensed Plumber in Indianapolis.

The Plumbing Contractor with which he was working did not compensate for attending Plumbing Apprenticeship schooling, so he was not able to attend.

On Jan. 1, 2007, Adam began working for Schroering Plumbing Indy, LLC & enrolled in the Apprenticeship program with Mechanical Skills, Inc beginning Aug. 21, 2007 & is presently attending classes.

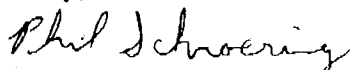
Adam is a very competent plumber & I am confident that he knows the Plumbing Codes quite well.

Adam has been performing Plumbing work, full time for almost 7 years & I feel very confident he deserves your consideration to take the Journeyman Plumber examination.

Thank you for your time & consideration in this matter.

Should you have any further questions or concerns, please feel free to contact me.

Sincerely,



Phil Schroering  
Owner, Schroering Plumbing Indy, LLC

# Schroering

## PLUMBING INDY, LLC

2145 S. STATE RD 162

JASPER, IN. 47546

PH: 812-482-2466

FAX 812-481-9266

March 20, 2008

Indiana Plumbing Commission  
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Adam has been performing Plumbing work, full time for almost 7 years & I feel very confident he deserves your consideration to take the Journeyman Plumber examination.

Thank you for your time & consideration in this matter.

Should you have any further questions or concerns, please feel free to contact me.

Sincerely,



Phil Schroering  
Owner, Schroering Plumbing Indy, LLC





# APPLICATION FOR JOURNEYMAN PLUMBER EXAMINATION FOR LICENSING

State Form 40602 (R10 / 11-02)  
Approved by State Board of Accounts, 2002

Professional Licensing Agency  
Group# 10  
402 W Washington Street, W072  
Indianapolis, IN 46204

FEE: \$30.00

ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

Social Security number		* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1; it is mandatory that it be given. Social Security numbers are made available to the Department of Revenue.	
Name of applicant <i>Adam M. Wahl</i>		Date of birth (month, day, year) <i>2/29/1980</i>	
Address (number and street, city, state, ZIP code) <i>7637 N 600W Indianapolis IN 46055</i>			
County <i>Hancock</i>		Telephone number <i>812-661-0606</i>	
Have you ever been convicted of a crime? (if "Yes", provide a copy of the court order and any pertinent documents) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

### INSTRUCTIONS:

- If you are applying on the basis of having completed four (4) years of training in an approved apprenticeship program, please complete Sections one (1) and three (3).
- If you are applying on the basis of having completed four (4) years of experience in the plumbing trade, please complete Sections two (2) and three (3).

SECTION ONE	
APPROVED APPRENTICESHIP PROGRAM SPONSOR CERTIFICATION OF COMPLETION	
I have successfully completed the following four (4) years of training in an approved apprenticeship program, satisfying the requirements as defined in commission rule, 860 IAC 1-1-9, as verified by the sponsor of the approved apprenticeship program, herein:	
Name of apprenticeship program sponsor	Telephone number
Address (number and street, city, state, ZIP code, county)	
Date of enrollment (month, year)	Date of completion (month, year)
I hereby certify that _____ successfully completed four (4) years of training in an approved apprenticeship program. <small>Name of apprentice</small>	
Date of enrollment	Signature of manager of approved apprenticeship program sponsor
Date of completion	Date signed

NOTARY CERTIFICATE		
STATE OF _____	} SS:	
COUNTY OF _____		
I, _____, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.		
Signature of manager of approved apprenticeship program sponsor	Signature of Notary Public	
Printed or typed name of manager of approved apprenticeship program sponsor	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

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**SECTION TWO**

I have completed the following four (4) years of experience in the plumbing trade, satisfying the requirements as defined in commission rule, 860 IAC 1-1-9 and 860 IAC 1-1-10, as verified by employer, attached herewith:

Name of employer <i>Phil Schroering</i>	Plumbing contractor license number (if applicable) PC <i>88900130</i>
Address (number and street, city, state, ZIP code) <i>2145 S ST Rd 162 Jasper, IN 47546</i>	
County <i>Dubois</i>	Telephone number <i>812-482-2466</i>
Dates of employment (month, day, year): From <i>July 6, 2001</i> To <i>Jan 1 2003</i>	
Name of employer <i>May Plumbing</i>	Plumbing contractor license number (if applicable) PC <i>88701082</i>
Address (number and street, city, state, ZIP code) <i>11630 Oshawa St Indianapolis IN 46236</i>	
County <i>Marion</i>	Telephone number <i>317-823-6461</i>
Dates of employment (month, day, year): From <i>Jan 6, 2003</i> To <i>March 1, 2004</i> <i>Jan 1, 2005</i> To <i>Sept 15, 2006</i>	

**APPLICANT AFFIDAVIT OF EXPERIENCE IN PLUMBING TRADE**

I hereby certify that I, *Adam M. Wahl* Name of applicant have worked in the plumbing trade as defined in commission rule 860 IAC 1-1-9, for the period of *1/6/03 - 1/1/05* to *3/1/04 - 9/15/06* for *May Plumbing* Name of company or plumbing business  
*May Plumbing - owner - Sam May*  
Name of employer or licensed contractor  
*11630 Oshawa St Indianapolis IN 46236*  
Address (number and street, city, state, ZIP code)

I further certify that I am unable to obtain an employer affidavit verifying the aforementioned experience in the plumbing trade due to the following reason(s):  
*I am no longer employed at May Plumbing, as I left to begin a new job. therefore it would be quite awkward & difficult to obtain the signature. I have sent copy's of this for proof*

Signature of applicant: *Adam M. Wahl* Date signed: *4/24/08*

**NOTARY CERTIFICATE**

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } SS:

I, \_\_\_\_\_, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of applicant	Signature of Notary Public	
Printed or typed name of applicant	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

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**EMPLOYER AFFIDAVIT OF EXPERIENCE IN PLUMBING TRADE**

I hereby certify that Adam M Wahl has worked in the plumbing trade as  
Name of applicant  
 defined in commission rule 860 IAC 1-1-9 for the period of 6-7-01 to 1-1-03  
Day, month, year Day, month, year

Signature of employer or licensed plumbing contractor <u>Phil Schroering</u>	Name of company or plumbing business <u>Schroering Plumbing Heating LLC</u>	Plumbing contractor license number <u>88900130</u>
Address (number and street, city, state, ZIP code) <u>2145 S St Rd 1602 Jasper IN 47546</u>		Date signed <u>4/24/08</u>

**Licensees who submit false information may be subject to disciplinary action by the Indiana Plumbing Commission.**

**NOTARY CERTIFICATE**

STATE OF Indiana  
 COUNTY OF Dubois } SS:

I, Phil Schroering, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of employer <u>Phil Schroering</u>	Signature of Notary Public <u>Linda L Schroering</u>
Printed or typed name of employer <u>Phil Schroering</u>	Printed or typed name of Notary Public <u>Linda L Schroering</u>
Date subscribed and sworn to Notary Public <u>04/24/08</u>	County of residence <u>Dubois</u>
	Date commission expires <u>7/20/08</u>

**SECTION 3 (to be completed by all applicants)**

**NOTARY CERTIFICATE**

STATE OF Indiana  
 COUNTY OF Dubois } SS:

I, Adam M Wahl, having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant <u>Adam M Wahl</u>	Signature of Notary Public <u>Linda L Schroering</u>
Printed or typed name of applicant <u>Adam M. Wahl</u>	Printed or typed name of Notary Public <u>Linda L Schroering</u>
Date subscribed and sworn to Notary Public <u>04/24/08</u>	County of residence <u>Dubois</u>
	Date commission expires <u>7/20/08</u>

**RECEIVED**

APR 28 2008

Indiana Professional  
Licensing Agency

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# APPLICATION FOR JOURNEYMAN PLUMBER EXAMINATION FOR LICENSING

State Form 40602 (R10 / 11-02)

Approved by State Board of Accounts, 2002

APR 20 2007

Indiana Professional Licensing Agency  
302 W. Washington St., Rm. E034  
Indianapolis, IN 46204-2700  
(317)-232-2980  
www.in.gov/pla

FEE: \$30.00

ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

Social Security number * 307-86-4543		* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, it is mandatory that it be given. Social Security numbers are made available to the Department of Revenue.	
Name of applicant Adam M. Wahl		Date of birth (month, day, year) 2/29/80	
Address (number and street, city, state, ZIP code) 6647 W. Longview Dr. McCordsville, IN 46055			
County Hancock		Telephone number 317-336-6178	
Have you ever been convicted of a crime? (if "Yes", provide a copy of the court order and any pertinent documents) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

### INSTRUCTIONS:

- If you are applying on the basis of having completed four (4) years of training in an approved apprenticeship program, please complete Sections one (1) and three (3).
- If you are applying on the basis of having completed four (4) years of experience in the plumbing trade, please complete Sections two (2) and three (3).

APPROVED APPRENTICESHIP PROGRAM SPONSOR CERTIFICATION OF COMPLETION	
I have successfully completed the following four (4) years of training in an approved apprenticeship program, satisfying the requirements as defined in commission rule, 860 IAC 1-1-9, as verified by the sponsor of the approved apprenticeship program, herein:	
Name of apprenticeship program sponsor	Telephone number
Address (number and street, city, state, ZIP code, county)	
Date of enrollment (month, year)	Date of completion (month, year)
I hereby certify that _____ successfully completed four (4) years of training in an approved apprenticeship program. <small>Name of apprentice</small>	
Date of enrollment	Signature of manager of approved apprenticeship program sponsor
Date of completion	Date signed

NOTARY CERTIFICATE		
STATE OF _____	} SS:	APR 20 2007 Indiana Professional Licensing Agency
COUNTY OF _____		
I, _____, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.		
Signature of manager of approved apprenticeship program sponsor	Signature of Notary Public	
Printed or typed name of manager of approved apprenticeship program sponsor	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

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**SECTION TWO**

I have completed the following four (4) years of experience in the plumbing trade, satisfying the requirements as defined in commission rule, 860 IAC 1-1-9 and 860 IAC 1-1-10, as verified by employer, attached herewith:

Name of employer <i>Phil Schroering</i>	Plumbing contractor license number (if applicable): PC <i>88900130</i>
Address (number and street, city, state, ZIP code) <i>2480 S Timberlin Dr Jasper IN 47546</i>	
County <i>Dubois</i>	Telephone number <i>812-482-2466</i>
Dates of employment (month, day, year): From <i>July 6 2001</i> To <i>Jan. 1 2003</i>	
Name of employer <i>May Plumbing</i>	Plumbing contractor license number (if applicable): PC <i>88701082</i>
Address (number and street, city, state, ZIP code) <i>11630 Oshawa St. Indianapolis, IN 46236</i>	
County <i>Marion</i>	Telephone number <i>317-823-6461</i>
Dates of employment (month, day, year): From <i>Jan 6, 2003</i> To <i>march 1, 2004</i> From <i>Jan 1, 2005</i> To <i>Sept. 15, 2006</i>	

**APPLICANT AFFIDAVIT OF EXPERIENCE IN PLUMBING TRADE**

I hereby certify that I, *Adam M. Wahl* have worked in the plumbing trade as defined in commission rule 860 IAC 1-1-9, for the period of *1/6/03* - *1/1/05* to *3/1/04* - *9/15/06* for *MAY Plumbing*  
Name of applicant Day, month, year Day, month, year Name of company or plumbing business

Name of employer or licensed contractor  
*MAY Plumbing owner - Sam MAY*

Address (number and street, city, state, ZIP code)  
*11630 Oshawa St. Indianapolis, IN 46236*

I further certify that I am unable to obtain an employer affidavit verifying the aforementioned experience in the plumbing trade due to the following reason(s):  
*I am no longer employed at MAY Plumbing, as I left to begin a new job, therefore it would be quite awkward & difficult to obtain the signature. I have sent copy's of W2 for proof.*

Signature of applicant *A.M. Wahl* Date signed *4-11-07*

**NOTARY CERTIFICATE**

STATE OF *Indiana*  
 COUNTY OF *Hancock* } SS:  
 I, *Christie Wise*, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of applicant *A.M. Wahl* Signature of Notary Public *Christie Wise*  
 Printed or typed name of applicant *Adam M. Wahl* Printed or typed name of Notary Public *Christie Wise*  
 Date subscribed and sworn to Notary Public *4/11/07* County of residence *Marion* Date commission expires *Feb 5 2012*

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APR 13 2007

*122*

**EMPLOYER AFFIDAVIT OF EXPERIENCE IN PLUMBING TRADE**

I hereby certify that Adam M. Wahl Name of applicant has worked in the plumbing trade as defined in commission rule 860 IAC 1-1-9 for the period of 6-7-01 to 1-1-03  
Day, month, year Day, month, year

Signature of employer or licensed plumbing contractor <u>Phil Schroering</u>	Name of company or plumbing business <u>Schroering Plg &amp; Htg</u>	Plumbing contractor license number <u>88900130</u>
Address (number and street, city, state, ZIP code) <u>2145 S ST. Rd 162 Jasper IN 47546</u>		Date signed <u>4/13/07</u>

Licensees who submit false information may be subject to disciplinary action by the Indiana Plumbing Commission.

**NOTARY CERTIFICATE**

STATE OF Indiana  
 COUNTY OF Dubois } SS:

I, Phil Schroering, having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

Signature of employer <u>Phil Schroering</u>	Signature of Notary Public <u>Linda L. Schroering</u>
Printed or typed name of employer <u>PHIL SCHROERING</u>	Printed or typed name of Notary Public <u>LINDA L. SCHROERING</u>
Date subscribed and sworn to Notary Public <u>4/13/07</u>	County of residence <u>Dubois</u>
	Date commission expires <u>7/20/08</u>

**SECTION 3 (to be completed by all applicants)**

**NOTARY CERTIFICATE**

STATE OF Indiana  
 COUNTY OF Dubois } SS:

I, Adam M. Wahl, having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant <u>Adam M. Wahl</u>	Signature of Notary Public <u>Linda L. Schroering</u>
Printed or typed name of applicant <u>ADAM M. WAHL</u>	Printed or typed name of Notary Public <u>LINDA L. SCHROERING</u>
Date subscribed and sworn to Notary Public <u>4/10/07</u>	County of residence <u>Dubois</u>
	Date commission expires <u>4/13/07</u>

*RECEIVED*

**RECEIVED**

APR 22 2008

Indiana Professional  
Licensing Agency

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a Control number 001		OMB No. 1545-0008			
b Employer identification number (EIN) 35-1719514		1 Wages, tips, other compensation 40725.44	2 Federal income tax withheld 5628.00		
c Employer's name, address, and ZIP code MAY PLUMBING 11630 OSHAWA STREET OAKLANDON, IN 46236-2920		3 Social security wages 40725.44	4 Social security tax withheld 2524.95		
		5 Medicare wages and tips 40725.44	6 Medicare tax withheld 590.51		
		7 Social security tips	8 Allocated tips		
d Employee's social security number		9 Advance EIC payment	10 Dependent care benefits		
e Employee's first name and initial Last name ADAM M WAHL 6647 W LONGVIEW DR. MCCORDSVILLE, IN 46055-6051		11 Nonqualified plans	12a		
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12b		
		14 Other	12c		
			12d		
f Employee's address and ZIP code					
15 State IN	Employer's state ID number	16 State wages, tips, etc. 40725.44	17 State income tax 1355.85	18 Local wages, tips, etc. 40725.44	19 Local income tax 428.14
				20 Locality name HANCOCK	

Form **W-2** Wage and Tax Statement  
 Copy 2—To Be Filed With Employee's State, City, or Local  
 Income Tax Return.

**2005**

Department of the Treasury—Internal Revenue Service

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 APR 20 2007  
 Indiana Department of Professional Licensing

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 APR 22 2008  
 Indiana Professional  
 Licensing Agency

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a Control number		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
b Employer identification number (EIN) 35-1719514				1 Wages, tips, other compensation 34247.77	2 Federal income tax withheld 5048.00		
c Employer's name, address, and ZIP code MAY PLUMBING 11630 OSHAWA STREET INDIANAPOLIS, IN 46236				3 Social security wages 34247.77		4 Social security tax withheld 2123.36	
				5 Medicare wages and tips 34247.77		6 Medicare tax withheld 496.59	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 307-86-4543				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial ADAM M		Last name WAHL		Suff.		11 Nonqualified plans	
6647 W LONGVIEW DR MCCORDSVILLE, IN 46055				13 Statutory employee <input type="checkbox"/>		12a See instructions for box 12	
				Retirement plan <input type="checkbox"/>		12b	
				Third-party sick pay <input type="checkbox"/>		12c	
				14 Other		12d	
f Employee's address and ZIP code							
15 State IN	Employer's state ID number	16 State wages, tips, etc. 34247.77	17 State income tax 1139.60	18 Local wages, tips, etc. 34247.77	19 Local income tax 385.44	20 Locality name HANCOC	

**Form W-2 Wage and Tax Statement**  
**Copy C—For EMPLOYEE'S RECORDS.** (See Notice to Employee on back of Copy B.)

**2006**

Department of the Treasury—Internal Revenue Service

Safe, accurate,  
FAST! Use



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JUL 17 2008

Indiana Professional  
Licensing Agency

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- Lesson 2: Plumbing Laws, Tools, and Safety
- Lesson 3: Hand Tools Used in Plumbing Work
- Lesson 4: Rough-In Tools – Copper, Plastic, and Soil Pipe
- Lesson 5: Rough-In Tools – Steel Pipe
- Lesson 6: Finish and Repair Tools
- Lesson 7: Welding and Power Tools

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- Lesson 8: Review – Numbers, Fractions, and Decimals
- Lesson 9: Mathematical Operations – Fractions
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- Lesson 11: Measuring Tapes, Folding Rules, and Scale Rulers

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- Lesson 12: Goals of Plumbing, Water Sources, Waste Disposal
- Lesson 13: Sewage Disposal
- Lesson 14: Introduction to Gases
- Lesson 15: Mechanical Properties of Materials and Structures

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- Lesson 16: Cutting, Drilling, and Nail Protection for Building Structural Elements
- Lesson 17: Piping Materials Used in Plumbing Work – Pressure
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- Lesson 21: Review of Lessons 8-11
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- Lesson 25 First Aid Education**  
To be taught by the American Red Cross

JUL 17 2008

Indiana Professional  
Licensing Agency

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KIMBERLY RUSHCOTT

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LESSON PLAN HOUR OUTLINE

THIRD YEAR

<u>SUBJECT</u>	<u>SUGGESTED TIME</u>
Installation Practices	36 Hours
Mathematics	36 Hours
Gas Code	18 Hours
Related Science	36 Hours
Blueprint Reading	18 Hours
Field Trips	12 Hours
Total	<u>156 Hours</u>

Apprentice shall be required to successfully complete one hundred and forty-four (144) hours of related instruction to receive credit for the year.

TEACHING AIDS:

1. Plumbing Tools
2. Plumbing Fittings
3. Charts
4. Films
5. Manufacturers Specification Sheets
6. Handout Sheets
7. Reference Books
8. Instructors Notes

STUDENT AIDS:

1. Course Textbook (2)
2. Student Notebook

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Licensing Agency

PLUMBING APPRENTICE TRAINING PROGRAM

LESSON PLAN HOUR OUTLINE

FOURTH YEAR

<u>SUBJECT</u>	<u>SUGGESTED TIME</u>
Installation Practices	34 Hours
Mathematics	18 Hours
Related Science	12 Hours
Blueprint Reading	24 Hours
Plumbing Code	36 Hours
Plumbing Curriculum	12 Hours
Total	<u>156 Hours</u>

Apprentice should successfully complete one hundred and forty-four (144) hours of related instruction to receive credit for the year.

TEACHING AIDS:

1. Plumbing Tools
2. Plumbing Fittings
3. Charts
4. Films
5. Manufacturers Specification Sheets
6. Handout Sheets
7. Reference Books
8. Instructor's Notes

STUDENT AIDS:

1. Course Textbook(s)
2. Student Notebook

RECEIVED

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Indiana Professional  
Licensing Agency

PLUMBING APPRENTICE TRAINING PROGRAM

LESSON PLAN HOUR OUTLINE

FIFTH YEAR

<u>SUBJECT</u>	<u>SUGGESTED TIME</u>
Installation Practices	120 Hours
Blueprint Reading	36 Hours
Total	<u>156 Hours</u>

Apprentice shall be required to successfully complete one hundred and forty-four (144) hours of related instruction to receive credit for the year.

TEACHING AIDS:

1. Plumbing Tools
2. Plumbing Fittings
3. Charts
4. Films
5. Manufacturers Specifications Sheets
6. Handout Sheets
7. Reference Books
8. Blueprints
9. Instructors Notes

STUDENT AIDS:

1. Course Textbook(s)
2. Student Notebook

RECEIVED

JUL 17 2008

Indiana Professional  
Licensing Agency





# APPLICATION FOR APPROVAL OF PLUMBING APPRENTICE SCHOOL

State Form 49995 (1-01)

INDIANA PROFESSIONAL LICENSING AGENCY

302 W. Washington St., Rm. E034

Indianapolis, Indiana 46204

Telephone: (317) 232-2980

Fax: (317) 232-2312

- INSTRUCTIONS: 1. Provide the school curriculum, which must include the subjects taught, and the hours spent teaching each subject.  
 2. No fee.  
 3. Use a separate sheet of paper for additional subjects and hours.

Check one:  
 New Application     Annual Update

Name of school: FORT WAYNE AREA PLUMBING HEATING AND COOLING CONTRACTORS    Telephone number: ( 260 ) 410-5163

Bureau of Apprenticeship training number / program number (if applicable):    School Fax number: ( 260 ) 489-6227

Name of manager or contact person: SHERRY ELWARD

Address of school (number and street): 3420 W COOK RD

City: FORT WAYNE    State: IN    ZIP code: 46818    County: ALLEN

SCHOOL SUBJECTS	
List each subject below.	Hours
1ST YEAR: INTRO TO THE TRADE, SIMPLE MATH, SCIENCE OF PLUMBING WASTE DISPOSAL, PIPE FITTING	144 HOURS
ANALYSIS, OSHA TRAINING, FIXTURES, FITTINGS, VALVES, BASIC MECHANICAL DRAWING, FIRST AID.	
2ND YEAR: WATER DISTRIBUTIN SYSTEM, MATH, OFFSETS, FORMULAS, DRAINS, WASTE, VENT SYSTEMS	144 HOURS
ROUGH IN SHEETS, RELATED SCIENCE, RIGGING, HOISTING.	
3RD YEAR: THEORY OF OPERATION & INSTALLATION OF RESIDENTIAL, COMMERCIAL, INDUSTRIAL FIXTURE	144 HOURS
APPLIANCES, GAS PIPE AND APPLIANCE VETING, CORROSION CONTROL, LEVELS, TRANSITS, OFFSET	
CALCULATIONS, HEAT TRANSFER, BASIC ELECTRICITY, BLUEPRINT ANALYSIS.	
4TH YEAR: REPAIR OF FIXTURES, FITTINGS, PUMPS INDIRECT WASTES, CROSS CONNECTION CONTROL	144 HOURS
DEVICES, BASIC HEATING SYSTEMS, MATERIAL TAKE OFF, PLUMBING CODE, FINAL REVIEW, EXAMS.	

**RECEIVED**  
 JUN 19 2008  
 Indiana Professional Licensing Agency

### NOTARY CERTIFICATE

I, the undersigned, submit this application in conformance with 860 IAC 2-1-7. I understand that any violation of the license laws or rules of the Indiana Plumbing Commission may cause loss of approval. I also understand that the Indiana Plumbing Commission shall be notified of any change of name, manager, contact person, or address. I certify that the information given in this application is true and correct to the best of my knowledge.

STATE OF: INDIANA  
 COUNTY OF: ALLEN } SS

Signature of manager / contact person: *Sherry Elward*    Signature of Notary Public: *Deborah M Chivington*

Printed or typed name of manager / contact person: SHERRY ELWARD    Printed or typed name of Notary Public: DEBORAH M CHIVINGTON

Date subscribed and sworn to Notary Public: 6/16/08    County of residence: ALLEN    Date commission expires: 11/13/08

134

**PLUMBING APPRENTICESHIP PROGRAM – RENEWAL APPLICATION**

<b>Indiana License Renewal Application</b>	Program Registration Number <b>SC50600004</b>	Date Due <b>07/31/2008</b>	Renewal Fee <b>No Fee</b>
	Fort Wayne Area Plumbing, Heating and Cooling Contractors, Inc 919 Charlotte Avenue Fort Wayne IN 46805	Approved by State Board of Accounts 1999	
	<input checked="" type="checkbox"/> Address Correction	<b>INSTRUCTIONS:</b> (a) Make any necessary address change in the appropriate shaded area; and (b) Sign and date application in ink.  <b>If your curriculum has changed or been updated since last renewal – please attach a copy of your new curriculum.</b>	
	3420 W. Cook Rd Fort Wayne IN 46818	I hereby swear or affirm under that the information provided here is true and correct to the best of my knowledge and that we wish to continue as an active program..	
	Signature of Authority <i>Doreen Edward</i>	Date Signed <b>6/16/08</b>	
Make Check Payable To <b>Indiana Professional Licensing Agency</b>	Mail To <b>402 W. Washington St. Room W072, Indianapolis, IN 46204</b>		

Remove at Perforation

135



**APPLICATION FOR APPROVAL OF  
PLUMBING APPRENTICE SCHOOL**

State Form 49995 (1-01)

**INDIANA PROFESSIONAL LICENSING AGENCY**  
302 W. Washington St., Rm. E034  
Indianapolis, Indiana 46204  
Telephone: (317) 232-2980  
Fax: (317) 232-2312

- INSTRUCTIONS: 1. Provide the school curriculum, which must include the subjects taught, and the hours spent teaching each subject.  
2. No fee.  
3. Use a separate sheet of paper for additional subjects and hours.

Check one:  New Application  Annual Update

Name of school: ARS of Indiana Telephone number: (317) 390-5555

Bureau of Apprenticeship training number / program number (if applicable): IN 070030018 School Fax number: (317) 390-5530

Name of manager or contact person: Jerry Rader

Address of school (number and street): 25 Woodrow Ave.

City: Indianapolis State: Indiana ZIP code: 46241 County: Marion

SCHOOL SUBJECTS		Hours
List each subject below.	<u>Entry level class known to First year Plumbing</u>	
	<u>Basic Safety</u>	<u>15</u>
	<u>Intro to Construction Math</u>	<u>15</u>
	<u>Intro to Hand Tools</u>	<u>10</u>
	<u>Intro to Power Tools</u>	<u>5</u>
	<u>Intro to Blueprints</u>	<u>7.5</u>
	<u>Basic Communication Skills</u>	<u>5</u>
	<u>Basic Employability Skills</u>	<u>15</u>
		<u>Total 72.5</u>

**NOTARY CERTIFICATE**

I, the undersigned, submit this application in conformance with 860 IAC 2-1-7. I understand that any violations of the license laws or rules of the Indiana Plumbing Commission may cause loss of approval. I also understand that the Indiana Plumbing Commission shall be notified of any change of name, manager, contact person, or address. I certify that the information given in this application is true and correct to the best of my knowledge.

STATE OF: Indiana  
COUNTY OF: Marion } SS

Signature of manager / contact person: Jerry Rader  
Printed or typed name of manager / contact person: Jerry Rader

Signature of Notary Public: Jenny R. Maxwell  
Printed or typed name of Notary Public: JENNY R. MAXWELL

Date subscribed and sworn to Notary Public: 6/12/08  
County of residence: HANCOCK COUNTY  
Date commission expires: 12/08/11

136



# APPLICATION FOR APPROVAL OF PLUMBING APPRENTICE SCHOOL

State Form 49995 (1-01)

INDIANA PROFESSIONAL LICENSING AGENCY

302 W. Washington St., Rm. E034

Indianapolis, Indiana 46204

Telephone: (317) 232-2980

Fax: (317) 232-2312

- INSTRUCTIONS: 1. Provide the school curriculum, which must include the subjects taught, and the hours spent teaching each subject.  
 2. No fee.  
 3. Use a separate sheet of paper for additional subjects and hours.

Check one:  New Application  Annual Update

Name of school: ARS of Indiana Telephone number: (317) 390-5555

Bureau of Apprenticeship training number / program number (if applicable): IN 070030018 School Fax number: (317) 390-5530

Name of manager or contact person: Jerry Rader

Address of school (number and street): 25 Woodrow Ave.

City: Indianapolis State: Indiana ZIP code: 46241 County: Marion

### SCHOOL SUBJECTS

List each subject below.	Hours
<u>1<sup>st</sup> year Plumbing</u>	
<u>Intro to the Plumbing Profession</u>	<u>5</u>
<u>Plumbing Safety</u>	<u>20</u>
<u>Plumbing Tools</u>	<u>7.5</u>
<u>Intro to Plumbing Math</u>	<u>7.5</u>
<u>Intro to Plumbing Drawings</u>	<u>12.5</u>
<u>Plastic Pipe &amp; Fittings</u>	<u>10</u>
<u>Copper Pipe &amp; Fittings</u>	<u>10</u>
<u>Cast-Iron Pipe &amp; Fittings</u>	<u>12.5</u>
<u>Carbon Steel Pipe &amp; Fittings</u>	<u>10</u>
<u>Corrugated Stainless Steel Tubing</u>	<u>2.5</u>
<u>Fixtures &amp; Faucets</u>	<u>5</u>
<u>Intro to Drain, Waste, and Vents (DWV) Systems</u>	<u>10</u>
	<u>112.50 hours.</u>

### NOTARY CERTIFICATE

I, the undersigned, submit this application in conformance with 860 IAC 2-1-7. I understand that any violations of the license laws or rules of the Indiana Plumbing Commission may cause loss of approval. I also understand that the Indiana Plumbing Commission shall be notified of any change of name, manager, contact person, or address. I certify that the information given in this application is true and correct to the best of my knowledge.

STATE OF: Indiana  
 COUNTY OF: Marion } SS

Signature of manager/contact person: Jerry Rader Signature of Notary Public: Jenny R. Maxwell

Printed or typed name of manager/contact person: Jerry Rader Printed or typed name of Notary Public: JENNY R. MAXWELL

Date subscribed and sworn to Notary Public: 6/12/08 County of residence: HANCOCK COUNTY Date commission expires: 12/08/14

MY COMMISSION EXPIRES 12/08/14

137



# APPLICATION FOR APPROVAL OF PLUMBING APPRENTICE SCHOOL

State Form 49995 (1-01)

INDIANA PROFESSIONAL LICENSING AGENCY

302 W. Washington St., Rm. E034

Indianapolis, Indiana 46204

Telephone: (317) 232-2980

Fax: (317) 232-2312

- INSTRUCTIONS: 1. Provide the school curriculum, which must include the subjects taught, and the hours spent teaching each subject.  
 2. No fee.  
 3. Use a separate sheet of paper for additional subjects and hours.

Check one:  New Application  Annual Update

Name of school: ARS of Indiana Telephone number: (317) 390-5555

Bureau of Apprenticeship training number / program number (if applicable): IN 070030018 School Fax number: (317) 390-5530

Name of manager or contact person: Jerry Rader

Address of school (number and street): 25 Woodrow Ave.

City: Indianapolis State: Indiana ZIP code: 46241 County: Marian

### SCHOOL SUBJECTS

List each subject below.	Hours
<u>2<sup>nd</sup> year Plumbing</u>	
<u>Plumbing Math II</u>	<u>15</u>
<u>Reading Commercial Drawings</u>	<u>20</u>
<u>Hangers, Supports, Structural Penetrations, &amp; Fire Stopping</u>	<u>10</u>
<u>Installing and Testing DWV Piping</u>	<u>25</u>
<u>Installing Roof, Floor, and Area Drains</u>	<u>5</u>
<u>Types of Valves</u>	<u>5</u>
<u>Installing and Testing Water Supply Piping</u>	<u>20</u>
<u>Installing Fixtures, Valves, and Faucets</u>	<u>20</u>
<u>Intro to Electricity</u>	<u>15</u>
<u>Installing Water Heaters</u>	<u>5</u>
<u>Fuel Gas Systems</u>	<u>20</u>
<u>Servicing of Fixtures, Valves, and Faucets</u>	<u>5</u>
	<u>Total 165</u>

### NOTARY CERTIFICATE

I, the undersigned, submit this application in conformance with 860 IAC 2-1-7. I understand that any violations of the license laws or rules of the Indiana Plumbing Commission may cause loss of approval. I also understand that the Indiana Plumbing Commission shall be notified of any change of name, manager, contact person, or address. I certify that the information given in this application is true and correct to the best of my knowledge.

STATE OF: Indiana  
 COUNTY OF: Marian } SS

Signature of manager / contact person: Jerry Rader Signature of Notary Public: Jenny R. Maxwell

Printed or typed name of manager / contact person: Jerry Rader Printed or typed name of Notary Public: JENNY R. MAXWELL

Date subscribed and sworn to Notary Public: 6/12/08 County of residence: HANCOCK COUNTY Date commission expires: 12/08/14

MY COMMISSION EXPIRES 12/08/14

138



# APPLICATION FOR APPROVAL OF PLUMBING APPRENTICE SCHOOL

State Form 49995 (1-01)

INDIANA PROFESSIONAL LICENSING AGENCY

302 W. Washington St., Rm. E034

Indianapolis, Indiana 46204

Telephone: (317) 232-2980

Fax: (317) 232-2312

- INSTRUCTIONS: 1. Provide the school curriculum, which must include the subjects taught, and the hours spent teaching each subject.  
 2. No fee.  
 3. Use a separate sheet of paper for additional subjects and hours.

Check one:  New Application  Annual Update

Name of school: ARS at Indiana Telephone number: (317) 390-5555

Bureau of Apprenticeship training number / program number (if applicable): IN 070030018 School Fax number: (317) 390-5530

Name of manager or contact person: Jerry Rader

Address of school (number and street): 25 Woodrow Ave.

City: Indianapolis State: Indiana ZIP code: 46241 County: Marton

### SCHOOL SUBJECTS

List each subject below.	Hours
<u>3<sup>rd</sup> year Plumbing</u>	
<u>Applied Math</u>	<u>17.5</u>
<u>Sizing Water Supply Piping</u>	<u>17.5</u>
<u>Potable Water Treatment</u>	<u>15</u>
<u>Backflow Preventers</u>	<u>20</u>
<u>Types of Venting</u>	<u>20</u>
<u>Sizing DWV and Steam Systems</u>	<u>20</u>
<u>Sewage Pumps &amp; Sump Pumps</u>	<u>17.5</u>
<u>Corrosive-Resistant Waste Piping</u>	<u>7.5</u>
<u>Compressed Air</u>	<u>10</u>
	<u>T-11 145</u>

### NOTARY CERTIFICATE

I, the undersigned, submit this application in conformance with 860 IAC 2-1-7. I understand that any violations of the license laws or rules of the Indiana Plumbing Commission may cause loss of approval. I also understand that the Indiana Plumbing Commission shall be notified of any change of name, manager, contact person, or address. I certify that the information given in this application is true and correct to the best of my knowledge.

STATE OF: Indiana  
 COUNTY OF: Marton } SS

Signature of manager / contact person: Jerry Rader Signature of Notary Public: [Signature]

Printed or typed name of manager / contact person: Jerry Rader Printed or typed name of Notary Public: [Name]

Date subscribed and sworn to Notary Public: 6/12/06 County of residence: HANCOCK COUNTY My commission expires: 12/08/14

139



# APPLICATION FOR APPROVAL OF PLUMBING APPRENTICE SCHOOL

State Form 49995 (1-01)

INDIANA PROFESSIONAL LICENSING AGENCY

302 W. Washington St., Rm. E034

Indianapolis, Indiana 46204

Telephone: (317) 232-2980

Fax: (317) 232-2312

- INSTRUCTIONS: 1. Provide the school curriculum, which must include the subjects taught, and the hours spent teaching each subject.  
 2. No fee.  
 3. Use a separate sheet of paper for additional subjects and hours.

Check one:  New Application  Annual Update

Name of school: ARS of INdiana Telephone number: ( 317 ) 390-5555

Bureau of Apprenticeship training number / program number (if applicable): IN 070030018 School Fax number: ( 317 ) 390-5530

Name of manager or contact person: Jerry Rader

Address of school (number and street): 25 Woodrow Ave.

City: Indianapolis State: Indiana ZIP code: 46241 County: Marton

### SCHOOL SUBJECTS

List each subject below.	Hours
<u>4th year Plumbing</u>	
<u>Business Principles of Plumbers</u>	<u>15</u>
<u>Intro Skills for the Crew leader</u>	<u>16</u>
<u>Water Pressure Booster and Recirculation Systems</u>	<u>12.5</u>
<u>Indirect &amp; Special Waste</u>	<u>12.5</u>
<u>Hydraulic and Solar Heating Systems</u>	<u>15</u>
<u>Codes</u>	<u>7.5</u>
<u>Servicing Piping Systems, Fixtures, &amp; Appliances.</u>	<u>20</u>
<u>Private Water Supply Well Systems</u>	<u>10</u>
<u>Private Waste Disposal Systems</u>	<u>10</u>
<u>Swimming Pools &amp; Hot Tubs</u>	<u>12.5</u>
<u>Plumbing for Mobile Homes and Travel Trailers</u>	<u>10</u>
	<u>Total 146</u>

### NOTARY CERTIFICATE

I, the undersigned, submit this application in conformance with 860 IAC 2-1-7. I understand that any violations of the license laws or rules of the Indiana Plumbing Commission may cause loss of approval. I also understand that the Indiana Plumbing Commission shall be notified of any change of name, manager, contact person, or address. I certify that the information given in this application is true and correct to the best of my knowledge.

STATE OF: Indiana } SS  
 COUNTY OF: Marton

Signature of manager / contact person

Jerry Rader

Signature of Notary Public

JENNYR. MAXWELL

Printed or typed name of manager / contact person

Jerry Rader

NOTARY PUBLIC STATE OF INDIANA

Printed or typed name of Notary Public

Date subscribed and sworn to Notary Public

4/12/08

County of residence

EXPIRES 12/31/11

140

**PLUMBING APPRENTICESHIP PROGRAM – RENEWAL APPLICATION**

<b>Indiana License Renewal Application</b>	Program Registration Number <b>SC5060002</b>	Date Due <b>07/31/2008</b>	Renewal Fee <b>No Fee</b>
	ARS of Indiana 25 Woodrow Avenue Indianapolis IN 46241	<small>Approved by State Board of Accounts 1999</small>	
	<input checked="" type="checkbox"/> Address Correction	<b>INSTRUCTIONS:</b> (a) Make any necessary address change in the appropriate shaded area; and (b) Sign and date application in ink.  <b>If your curriculum has changed or been updated since last renewal – please attach a copy of your new curriculum.</b>	
	CONTROL # <b>N/A</b>  JUN 23 2008  AMOUNT PAID <b>NO FEE</b>	I hereby swear or affirm under that the information provided here is true and correct to the best of my knowledge and that we wish to continue as an active program.	
	Signature of Authority <i>Jerry Radu</i>	Date Signed <b>6-16-08</b>	
Make Check Payable To <b>Indiana Professional Licensing Agency</b>	Mail To <b>402 W. Washington St. Room W072, Indianapolis, IN 46204</b>		

Remove at Perforation

141



**L.G.PLUMBING, INC.**

**56978 CEDAR RD.  
Osceola, IN. 46561  
574/256-0677  
574/255-5438**




Indiana Plumbing Commission  
Attn. Angela Smith Jones  
402 West Washington Street, Rm W072  
Indianapolis, In 46204

May 28, 2008

Monthly Report:

- L.G. Plumbing, Inc. does not have any Employees at this time.

  
Lewis R. Marcotte / Owner

**RECEIVED**

MAY 28 2008

Indiana Professional  
Licensing Agency

142

**L.G.PLUMBING, INC.**

**56978 CEDAR RD.  
Osceola, IN. 46561  
574/256-0677  
574/255-5438**



Indiana Plumbing Commission  
Attn. Angela Smith Jones  
402 West Washington Street, Rm W072  
Indianapolis, In 46204

June 26, 2008

Monthly Report:

- L.G. Plumbing, Inc. does not have any Employees at this time.

  
Lewis R. Marcotte / Owner

RECEIVED

JUN 27 2008

Indiana Professional  
Licensing Agency

143

**L.G. PLUMBING, INC.**

**56978 CEDAR RD.  
Osceola, IN. 46561  
574/256-0677  
574/255-5438**

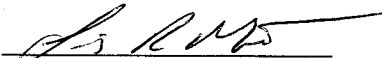


Indiana Plumbing Commission  
Attn. Angela Smith Jones  
402 West Washington Street, Rm W072  
Indianapolis, In 46204

July 28, 2008

Monthly Report:

- L.G. Plumbing, Inc. does not have any Employees at this time.

  
Lewis R. Marcotte / Owner

RECEIVED

JUN 27 2008

Indiana Professional  
Licensing Agency

144

Expired Plumber Contractor *E.T*

Expired Plumbing Renewal Application	DATE EXPIRED	RENEWAL FEE	<p>Please Circle your answer to ALL the following questions: SINCE YOU LAST RENEWED YOUR LICENSE: (if yes to questions 1-3, please attach details of action taken)</p> <p>1. Has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending? YES <input type="radio"/> NO <input checked="" type="radio"/></p> <p>2. Have you been denied a license, certificate, registration, or permit in any state? YES <input type="radio"/> NO <input checked="" type="radio"/></p> <p>3. Have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending? YES <input type="radio"/> NO <input checked="" type="radio"/></p> <p>You must sign and date below. By signing this form, you are attesting that the information on this renewal is true and correct and that you have met all required continuing education hours if applicable. This form will be returned if it is not correctly completed which will delay the renewal.</p>
	12/31/2001	**See Below	
	LICENSE NUMBER	CURRENT STATUS	
	PC81052406	Expired	
Dale L. Funk Funk's Plumbing & Heating 6289 E Lynn Drive Mooresville IN 46158			
CONTROL # 812537 ENTER HOME ADDRESS CORRECTIONS BELOW MAR 17 2008			
AMOUNT PAID \$100.00		Signature <i>Dale L Funk</i> Date <i>3/13/08</i>	



## Indiana Plumbing Commission

402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 234-3022  
Fax: (317) 233-4236  
Website: [www.pla.IN.gov](http://www.pla.IN.gov)

Governor Mitchell E. Daniels, Jr

Dale L. Funk  
Funk's Plumbing & Heating  
6289 E Lynn Drive  
 Mooresville IN 46158

April 7, 2008

Dear **Dale L. Funk**:

The Indiana Plumbing Commission reviewed your request for reinstatement of licensure and supporting documentation at their recent commission meeting.

The commission has scheduled you for a personal appearance on **Wednesday, May 28, 2008 at 9:45 a.m.** at the Indiana Government Center South, Room W072, Indianapolis, Indiana.

Please bring any pertinent documentation concerning your request for reinstatement such as:

1. Place of employment since expiration of your license.
2. Type of work done since the expiration of your license.
3. Proof of an active plumbing license in another state.
4. Any other information which will show the commission your readiness to practice plumbing safely.

If at any time during this review process you feel that you do not meet the requirements and are not able to provide the necessary documentation, you may withdraw your request for reinstatement. To do so, please submit a letter in writing to our office requesting that your request for reinstatement be withdrawn. If you do not make a personal appearance as requested or submit a request to withdrawal to be received by our office one week before the commission meeting, your request for reinstatement may be denied.

If further information is needed, please feel free to contact our office at (317) 234-3022 or via email at [pla10@pla.IN.gov](mailto:pla10@pla.IN.gov).

Sincerely,

Rebecca Tinsley  
Case Manager  
State Board of Registration for Professional Engineers



Indiana Plumbing Commission

402 West Washington Street, Room W072

Indianapolis, Indiana 46204

Telephone: (317) 234-3022

Fax: (317) 233-5559

Website: [www.pla.IN.gov](http://www.pla.IN.gov)

Governor Mitchell E. Daniels, Jr

Dale L. Funk  
Funk's Plumbing & Heating  
6289 E Lynn Drive  
Mooresville IN 46158

March 4, 2008

PC81052406  
12/31/2001

Dear Dale L. Funk

This letter is in regards to the status of your plumbing license. Your license to practice plumbing expired December 31, 2001 which is more than three years.

Recently, our office received several inquires from plumbers in your situation wanting to know how to have a lapsed license renewed or reinstated. Upon receipt of these requests, we were prompted to take a close look at the code cites which govern the reinstatement of delinquent licenses. Based upon this review, it was determined that according to IC 25-1-8-6 (d) you are eligible for the reinstatement of your lapsed plumbing license. IC 25-1-8-6 (d) states in pertinent part: Please submit the information before the boards meeting on March 26, 2008.

(d) Notwithstanding any other law regarding the reinstatement of a delinquent or lapsed license, certificate, or registration, unless a statute specifically does not allow a license, certificate, or registration to be reinstated if it has lapsed for more than three (3) years, the holder of a license, certificate, or registration that was issued by the board that is more than three (3) years delinquent must be reinstated upon meeting the following requirements: The application fee is \$50.00. The renewal fee is \$100.00 and the late fee is \$50.00.

- (1) Submission of the holder's completed renewal application.
- (2) Payment of the current renewal fee established by the board under section 2 of this chapter.
- (3) Payment of a reinstatement fee equal to the current initial application fee.
- (4) If a law requires the holder to complete continuing education as a condition of renewal, the holder shall provide the board with a sworn statement, signed by the holder, that the holder has fulfilled the continuing education requirements required by the board for the current renewal period.
- (5) Complete such remediation and additional training as deemed appropriate by the board given the lapse of time involved.
- (6) Any other requirement that is provided for in statute or rule that is not related to fees.

Therefore, although your license has lapsed for more than three years, upon receipt of the above listed your request for reinstatement will be presented to the board for them to determine the appropriate remediation and additional training needed. Please understand that we will not be able to update your license to active status until you have provided all of the above listed and the board has reviewed that information. If you have any questions or need additional information, please do not hesitate to contact our office.

Sincerely,

Rebecca Tinsley  
Case Manager  
Indiana Plumbing Commission

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2-15-08

To the Indiana Plumbing Commission Board,

In doing some research, I find that my license has lapsed and I would like to have it reinstated. I have had my Contractor's License since March 1975 and would like to continue using it until I retire in a few years.

The post office changed our address a while ago and I suspect renewal notices may have not been delivered after the change. I did make a phone call to the office to alert of the address change, but have not received any renewal notices to the new address.

I apologize for letting so much time go by before checking, I have no excuses, just that life happens and time slips away. My mother passed away and I was in charge of family details. My time was consumed for several years.

I am sure I owe past fees, please let me know the total.

I appreciate your time,

*Dale L. Funk*

Dale L Funk  
Funk's Plumbing & Heating  
6289 E Lynn Drive  
Mooresville, IN 46158

PC # 81052406 / Expired 12/31/01

317-831-3946  
317-506-4245 cell

RECEIVED

FEB 20 2008

Indiana Professional  
Licensing Agency

148

LICENSE NO. TP10601931

Renewal Request

823508



APPLICATION FOR TEMPORARY PLUMBING CONTRACTOR'S LICENSE

State Form 45819 (R2-11-02) Approved by State Board of Accounts 2002

Your Social Security number is requested by this agency in accordance with IC 4-1-9-1. It is mandatory that Social Security numbers are available to the Indiana Department of Revenue.

State of Indiana Indiana Professional Licensing Agency 302 W. Washington Street, Room E034 Indianapolis, Indiana 46204-2709 Telephone: (317) 232-2980 http://www.in.gov/pls

- INSTRUCTIONS: 1. Please type or print. 2. \$25.00 license fee + \$75.00 recovery fund surcharge = \$100.00 Permit Fee. 3. Make check or money order payable to INDIANA PLUMBING COMMISSION.

MAY 22 2008

NOTE

- 1. Application will be returned if incomplete. 2. Your Social Security number is requested by this agency in accordance with IC 4-1-9-1; however, it is not mandatory that it be given. Social Security numbers are made available to the Department of Revenue. 3. Temporary plumbing contractor's license may be issued to an applicant who has an ownership interest in or is an officer of a contracting business, if the plumbing contractor licensee operating the business has died or is physically or mentally unable to operate the business. 4. Temporary plumbing contractor's license does not enable the holder to perform actual plumbing services unless holder is a currently licensed plumbing journeyman or a currently licensed plumbing contractor. 5. The holder of a temporary license may employ a journeyman to perform actual plumbing services pursuant to the temporary license. If the holder is a licensed journeyman, the holder may perform plumbing contracting under the authority of the temporary license. 6. A temporary license will be issued in six (6) month increments, not to exceed two (2) years.

\$100.00

AMOUNT PAID

LICENSEE

Name of plumbing contractor company or corporate name: Two Guys Plumbing. Telephone number: 574.232.9060. Address: 1839 PRAIRIE AVENUE SOUTH BEND, IN 46613. Name of deceased or physically or mentally incapacitated plumbing contractor licensee: JOSEPH MNISZEWSKI. Plumbing contractor license number: PC 81061291. Date of death or physical or mental incapacity: 08/18/2006.

APPLICANT

3. Full name of applicant for temporary plumbing contractor's license: BRENT F. SMITH. Date of birth: 06/10/1961. Residence address: 26453 HUMMINGBIRD DRIVE SOUTH BEND, IN 46619. Residence telephone number: 574 251 1931. Social Security number: 305-62-6906. If applicant is a licensed journeyman plumber, indicate license number: JP 20100745. 5. Does applicant have an ownership interest in the above named company or corporation? Yes. 6. Is applicant an officer of the above named company or corporation? Yes.

NOTARY

STATE OF INDIANA. COUNTY OF ST. JOSEPH. SS: MARK T. GOLABEK, NOTARY PUBLIC. Signature of applicant: Brent Smith. Signature of Notary Public: Mark T. Golabek. Date subscribed and sworn to Notary Public: 5-20-2008. Date commission expires: 10/2/2013.

MARK T. GOLABEK, Notary Public, A Resident of Elkhart County, IN, My Commission Expires Oct. 2, 2013

Smith, Brent

ORIGINAL ISSUED 10/31/06. Mailed Test 5/7/08 next test July 30, 2008

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19 May 2008

Brent F. Smith  
26453 Hummingbird Drive  
South Bend, IN 46619

State of Indiana  
Indiana Professional Licensing Agency  
302 W. Washington Street, Room E034  
Indianapolis, IN 46204-2700

Dear Plumbing Commission Board:

With total commitment of going down to test, I have two more times with out the drawing part. I am asking for the last six month renewal of my temporary contractor license.

I have just found out that my UPC Code Book is from 1996. I immediately ordered a new 1999 edition. I realize I need this license for my growing business. This contractor license is something I want and need.

Sincerely,



Brent Smith  
BFS Plumbing

**RECEIVED**

MAY 22 2008

Indiana Professional  
Licensing Agency

150

October 31, 2006

May 15, 2007

June 17, 2008

**TITLE 860 INDIANA PLUMBING COMMISSION**

LSA Document #08-\_\_\_\_\_

**DIGEST**

Amends 860 IAC 1-1-2.1 to revise the fee schedule for examination or reexamination to facilitate the outsourcing of the administration of examinations for journeyman plumbers and plumbing contractors to establish that the fees for administration and scoring of the examinations be paid directly to the examination services and to establish the requirements for reinstatement of a delinquent or lapsed license. Amends 860 IAC 1-1-9 to revise to the requirements for admission to the journeyman plumber and plumbing contractor examination. Amends 860 IAC 1-3 and 860 IAC 2-1 to facilitate the outsourcing of the administration of the examinations for journeyman plumbers and plumbing contractors. Effective January 1, 2009.

860 IAC 1-1-2.1; 860 IAC 1-1-9; 860 IAC 1-3-1; 860 IAC 1-3-1.1; 860 IAC 1-3-2; 860 IAC 1-3-3; 860 IAC 2-1-1; 860 IAC 2-1-7; 860 IAC 2-1-7.1

SECTION 1. 860 IAC 1-1-2.1 IS AMENDED TO READ AS FOLLOWS:

**860 IAC 1-1-2.1 Fee schedule**

**Authority: IC 25-28.5-1-8**

**Affected: IC 25-28.5-1-22**

Sec. 2.1. The Indiana plumbing commission shall charge and collect the following fees:

- (1) ~~For an application for examination as an~~ **If the commission administers the individual plumbing contractor examination, the examination or repeat examination a nonrefundable fee of is fifty dollars (\$50). and a fee of fifty dollars (\$50) for each reexamination on one (1) of the two (2) exam parts not previously passed upon notice by the commission.**
- (2) For the issuance of the initial plumbing contractor license, the following:
  - (A) When the license is issued in an odd-numbered year, fifty dollars (\$50).
  - (B) When the license is issued in an even-numbered year, one hundred dollars (\$100).
- (3) For the issuance of an initial license for a corporation, the following:
  - (A) When the license is issued in an odd-numbered year, fifty dollars (\$50).

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(B) When the license is issued in an even-numbered year, one hundred dollars (\$100).

(4) ~~For an application for examination as an individual journeyman plumber examination, the examination or repeat examination a nonrefundable fee of is thirty dollars (\$30), and a fee of thirty dollars (\$30) for each reexamination on one (1) of the two (2) exam parts not previously passed upon notice by the commission.~~ **If the commission administers the individual journeyman plumber examination, the examination or repeat examination a nonrefundable fee of is thirty dollars (\$30), and a fee of thirty dollars (\$30) for each reexamination on one (1) of the two (2) exam parts not previously passed upon notice by the commission.**

**Comment [11]:** Bill recommended that "or contractor" be inserted. However, subdivision (6) addresses the outsourcing of the licensing examinations. In addition, the commission can't mandate the cost for administering the licensing examination.

(5) For issuance of the initial license for a journeyman plumber, the following:

(A) When the license is issued in an odd-numbered year, fifteen dollars (\$15).

(B) When the license is issued in an even-numbered year, thirty dollars (\$30).

**(6) If the commission elects to use a professional examination service under IC 25-1-8-5, an applicant for licensure by examination as either an individual plumbing contractor or journeyman plumber shall pay the examination or repeat examination fee assessed by the professional examination service that administers the examination directly to the professional examination service.**

~~(6)~~ (7) For biennial renewal of a plumbing contractor's license, one hundred dollars (\$100) payable prior to December 1 of each odd-numbered year.

~~(7)~~ (8) For biennial renewal of a license for a corporation, one hundred dollars (\$100) payable prior to December 1 of each odd-numbered year.

(8) (9) For biennial renewal of a journeyman plumber's license, thirty dollars (\$30) payable prior to December 1 of each odd-numbered year.

(9) (10) Application for a renewal received after the expiration date of December 31 of each odd-numbered year and prior to March 1 of the next even-numbered year shall be charged a reinstatement fee of fifteen dollars (\$15) in addition to the license renewal fee.

~~(10)~~ (11) Applications for renewal received after March 1 of the next even-numbered year following expiration and no later than December 31 of the next odd-numbered year following expiration shall be charged the following reinstatement fees in addition to the applicable license renewal fees:

(A) Journeyman plumber, one hundred dollars (\$100).

(B) Plumbing contractor, two hundred dollars (\$200).

(C) Corporate plumbing contractor, two hundred dollars (\$200).

~~(11)~~ (12) Applications for renewal received after December 31 of the next odd-numbered year following expiration shall be deemed invalid for renewal. **comply with the requirements of IC 25-1-8-6.**

*(Indiana Plumbing Commission; 860 IAC 1-1-2.1; filed Oct 31, 1983, 1:21 p.m.: 7 IR 69; errata, 7 IR 71; filed Oct 29, 1984, 3:07p.m.: 8 IR 214; filed Jul 30, 1985, 3:13 p.m.: 8 IR 2038; filed Feb 19, 1987, 8:30 a.m.: 10 IR 1390; filed Feb 19, 1990, 11:06 a.m.: 13 IR 1181; filed Jun 14, 1996, 3:00 p.m.: 19 IR 3108; readopted filed May 29, 2001, 10:00*

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a.m.: 24 IR 3237; filed Jul 17, 2002, 3:34 p.m.: 25 IR 4109, eff Jan 1, 2003; errata filed Nov 15, 2002, 3:40 p.m.: 26 IR 1109)

SECTION 2. 860 IAC 1-1-9 IS AMENDED TO READ AS FOLLOWS:

**860 IAC 1-1-9 Admission to examination**

**Authority:** IC 25-28.5-1-8; IC 25-28.5-1-38

**Affected:** IC 25-28.5-1

Sec. 9. (a) This section and section 10 of this rule implement the requirements for admission to the journeyman plumber and plumbing contractor examination found in IC 25-28.5-1-12(c).

(b) "Plumbing trade" means being engaged in the work of plumbing (as that term is defined in IC 25-28.5-1-2(1)). ~~The term includes doing plumbing work under the circumstances described in IC 25-28.5-1-32(2), IC 25-28.5-1-32(4), IC 25-28.5-1-32(6), or IC 25-28.5-1-32(7), and IC 25-8-1-32(8).~~

(c) "Apprenticeship program approved by the commission" means a program that meets the requirements of 860 IAC 2-1-1.

(d) "Four (4) year apprenticeship program" means satisfactory completion of a minimum of five hundred seventy-six (576) hours of classroom instruction and satisfactory completion of six thousand four hundred (6,400) hours of related on-job-training, over at least four (4) years. Credit for previous education, training or experience must be counted toward the total required hours for the apprenticeship program if granted by the Bureau of Apprenticeship and Training, a division of the United States Department of Labor, and approved by the commission. Credit must not exceed seventy-five percent (75%) of the total hours of the apprenticeship program requirement. Approved credit must be documented and presented with the original apprenticeship registration application.

(e) "Four (4) years of experience" means a minimum of six thousand four hundred (6,400) hours in the plumbing trade over at least four (4) years.

(f) No more than forty (40) hours shall be counted in any given calendar week toward meeting the requirements of either subsection (d) or (e). (*Indiana Plumbing Commission; 860 IAC 1-1-9; filed Jan 16, 1992, 5:00 p.m.: 15 IR 1022; readopted filed May 29, 2001, 10:00 a.m.: 24 IR 3237*)

SECTION 3. 860 IAC 1-3-1 IS AMENDED TO READ AS FOLLOWS:

**860 IAC 1-3-1 Examination; journeyman plumber**

**Authority:** IC 25-28.5-1-8; IC 25-28.5-1-38

**Affected:** IC 25-28.5-1

Sec. 1. (a) **An applicant for the journeyman plumber license must pass the examination required under this section.**

(a) ~~(b)~~ **The journeyman plumber examination shall consist of a practical section and of a written section. be multiple choice.**

(b) The practical section of the examination shall include two (2) parts known as the following:

- (1) The copper pipe project.
- (2) The soil pipe project.

(c) The written section of the examination shall be a multiple choice test.

(d) In order to pass the practical section of the examination, an individual must obtain scores of at least seventy percent (70%) on both of the following:

- (1) The copper pipe project.
- (2) The soil pipe project.

(e) (c) An individual must obtain a **passing** score of at least seventy percent (70%) on the multiple-choice test in order to pass the written section of the examination. (*Indiana Plumbing Commission; 860 IAC 1-3-1; filed Oct 29, 1984, 3:11 p.m.: 8 IR 215; filed Feb 15, 1989, 2:36 p.m.: 12 IR 1556; filed Feb 19, 1990, 11:06 a.m.: 13 IR 1182; filed Sep 8, 1992, 5:00 p.m.: 16 IR 62, eff Oct 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #92-91 was filed Sep 8, 1992.]; readopted filed May 29, 2001, 10:00 a.m.: 24 IR 3237*)

SECTION 4. 860 IAC 1-3-1.1 IS AMENDED TO READ AS FOLLOWS:

**860 IAC 1-3-1.1 Examination; plumbing contractor**

**Authority: IC 25-28.5-1-8; IC 25-28.5-1-38**

**Affected: IC 25-28.5-1**

Sec. 1.1. (a) An applicant for the plumbing contractor license must pass the examination required under this section.

(a) The plumbing contractor examination shall consist of a practical section, a written section, and a drawing section. **be multiple choice.**

(b) The practical section of the examination shall include two (2) parts known as the following:

- (1) The copper pipe project.
- (2) The soil pipe project.

(c) The written section of the examination shall be a multiple choice test.

(d) The drawing section of the examination shall test the applicant's ability and knowledge concerning sanitary drainage systems, and water distribution systems.

(e) In order to pass the practical section of the examination, an individual must obtain scores of at least seventy percent (70%) on both of the following:

- (1) The copper pipe project.
- (2) The soil pipe project.

(f) (c) An individual must obtain a **passing** score of at least seventy percent (70%) on the multiple-choice written section in order to pass the written section of the examination.

(g) An individual must obtain a score of at least seventy percent (70%) on the drawing section in order to pass the drawing section of the examination. (*Indiana Plumbing Commission; 860 IAC 1-3-1.1; filed Sep 8, 1992, 5:00 p.m.: 16 IR 62, eff Oct 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days*

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Comment [P2]: This "on" was struck through, so I took the strikethrough off. (asj)

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after filing with the secretary of state. LSA Document #92-91 was filed Sep 8, 1992.]; readopted filed May 29, 2001, 10:00 a.m.: 24 IR 3237)

SECTION 5. 860 IAC 1-3-2 IS AMENDED TO READ AS FOLLOWS:

**860 IAC 1-3-2 Retaking of journeyman plumber and plumbing contractor examination upon failure**

**Authority: IC 25-28.5-1-8; IC 25-28.5-1-38**

**Affected: IC 25-28.5-1**

Sec. 2. ~~(a) References in this section to the examination apply to both the journeyman plumber examination and the contractor examination unless a particular examination is specifically specified.~~

~~(b) (a) An individual who does not pass the entire examination in the first attempt shall be entitled to take it as many as six (6) additional times. under the exemptions from portions of the examination allowed in subsection (c). However, the last examination attempt may be no later than two (2) years after the date the individual was first scheduled to take the examination.~~

~~(c) An individual who passes:~~

~~(1) the practical section;~~

~~(2) the written section;~~

~~(3) one (1) part of the practical section; or~~

~~(4) for the plumbing contractor examination, the drawing section;~~

~~in any prior taking of the examination allowed under subsection (b), shall not be required to retake that portion in the remaining examination attempts allowed by subsection (b).~~

~~(d) An individual who does not qualify for any of the exemptions provided for in subsection (c) must retake the entire examination.~~

~~(e) (b) Upon the exhaustion of all of the examination attempts allowed by subsection (b), an individual must file a new application and retake the entire examination.~~

~~(f) None of the exemptions contained in this section from retaking a section or part of a section of the journeyman plumber examination or the plumbing contractor examination shall apply to an individual taking the other examination. For example, an applicant for a journeyman plumber license who passes the practical section of the journeyman plumber examination who subsequently applies for a plumbing contractor license shall be required to pass the practical section of the plumbing contractor examination.~~

~~(g) Notwithstanding subsection (b), any individual who took the examination one (1) or more times prior to October 1, 1992, and did not pass it in its entirety:~~

~~(1) shall be entitled to six (6) additional examination attempts with the last being no later than September 30, 1994;~~

~~(2) for the first examination attempt after September 30, 1992, shall be entitled to the examination exemptions the individual would have had under this section as it read on September 30, 1992; and~~

~~(3) for the second and subsequent examination attempts after September 30, 1992, shall be entitled to the examination exemptions allowed by~~

subdivision (2) plus those obtained after September 30, 1992, under subsection (e).

(c) An applicant who has not passed the written section or drawing section of the journey plumber or plumbing contractor examination before January 1, 2009, shall lose credit for the section passed and be required to retake the multiple choice examination.

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(d) An applicant that has passed the written section and drawing section of the journey plumber or plumbing contractor examination but has failed to pass the practical examination before January 1, 2009, shall qualify for licensure without having to pass the practical examination. (*Indiana Plumbing Commission; 860 IAC 1-3-2; filed Feb 15, 1989, 2:36 p.m.: 12 IR 1556; filed Feb 19, 1990, 11:06 a.m.: 13 IR 1182; filed Sep 8, 1992, 5:00 p.m.: 16 IR 63, eff Oct 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #92-91 was filed Sep 8, 1992.]; readopted filed May 29, 2001, 10:00 a.m.: 24 IR 3237*)

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SECTION 6. 860 IAC 2-1-7 IS AMENDED TO READ AS FOLLOWS:

**860 IAC 2-1-7 Apprenticeship program; approval**

**Authority: IC 25-28.5-1-8; IC 25-28.5-1-38**

**Affected: IC 25-28.5-1-18.1**

Sec. 7. (a) To be approved, an apprenticeship program must do the following:

- (1) Submit a written request for approval to the commission.
- (2) Submit in writing the apprenticeship program's curriculum, which must include the subjects taught and the hours spent teaching each subject.
- (3) Provide the address of the apprenticeship program facility, its phone number, and the name of a contact person.
- (4) Submit proof of the accreditation required by section 1(2) of this rule.
- (5) **Require the taking and passing a practical examination as required by section 7.1 of this rule.**

(b) Approved apprenticeship programs must notify the commission of any change in the items listed in subsection (a)(2) through (a)(4) within thirty (30) days. (*Indiana Plumbing Commission; 860 IAC 2-1-7; filed Dec 18, 2000, 9:31 a.m.: 24 IR 1352; readopted filed May 29, 2001, 10:00 a.m.: 24 IR 3237*)

SECTION 7. 860 IAC 2-1-7.1 IS ADDED TO READ AS FOLLOWS:

**860 IAC 2-1-7.1 Apprenticeship school examination**

**Authority: IC 25-28.5-1-8; IC 25-28.5-1-38**

**Affected: IC 25-28.5-1**

Sec. 7.1. (a) Apprenticeship schools shall give each student within the first four (4) years of apprenticeship program an examination that shall test the student's practical knowledge of the curriculum studied. A student shall not be considered to

have completed a four (4) year apprenticeship program without having passed this examination.

(b) The practical section of the examination shall include ~~three~~ (3) parts known as the following:

- (1) The copper pipe assembly project.
- (2) The cast iron assembly project.
- (3) The plastic pipe assembly project.

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(c) In order to pass the practical section of the examination, an individual must obtain scores of at least seventy percent (70%) on all of the following:

- (1) The copper pipe assembly project.
- (2) The cast iron assembly project.
- (3) The plastic pipe assembly project.

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Deleted: soil  
Deleted: both

(d) The apprenticeship school shall allow each student at least seven (7) attempts to pass the practical examination.

Deleted: and

(e) The commission may monitor the administration of the final practical examination:

- (1) as a result of a complaint received;
- (2) for random sampling; or
- (3) to collect data.

*(Indiana Plumbing Commission; 860 IAC 1-2-7.1)*

SECTION 8. THE FOLLOWING ARE REPEALED: 860 IAC 1-3-3.

SECTION 9. This document takes effect MONTH DAY, YEAR.

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## Expired license review and renewal process

### Questions:

- 1) Have the license been expired for more than 4 years?
- 2) Have the license been expired for more than 6 years?
- 3) Has the license holder continued to practice with an expired license?
- 4) Is the license holder correcting his own mistake or was the expired license discovered by and inspection officer or other licensing control agency?
- 5) Have there been any complaints on the license?
- 6) Has the license holder demonstrated effort in keeping abreast with code and related technology changes?
- 7) Does the commission feel there are any competency issues that would cause concerns for the health and safety of the public?
- 8) Does the commission feel there is any other aggravating or mitigating evidence?

### License renewal options:

- 1) License renewal without condition and penalty
- 2) Probation renewal for one year with condition of 4 hours of approved continuing education or passing the current journeyman or contractor exam.
- 3) Probation renewal for one year with condition of 8 hours of approved continuing education or passing the current journeyman or contractor exam.
- 4) Probation renewal for one year with condition of 20 hours of approved continuing education or passing the current journeyman or contractor exam.
- 5) Probation renewal for one year with condition of passing the current journeyman or contractor exam.
- 6) No renewal until completion of 20 hours of approved continuing education or passing the current journeyman or contractor exam.
- 7) No renewal until passing the current journeyman or contractor exam.
- 8) No renewal

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CIRIELLO

**Jones, Angela**

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**From:** MattB172@aol.com  
**Sent:** Tuesday, July 15, 2008 4:15 PM  
**To:** WJCPLMBG@aol.com  
**Cc:** Synko, Robert; ualu210bm@airbaud.net; eott@dillingmechanicl.com; jvanclev@hubbell-premise.com; Jones, Angela  
**Subject:** Re: plumbing commission

Bill

Issues that I have would be passing the current test if they have been out for a few years and first took their test 10/12/15 years ago. If they continued to practice after letting their license lapse that is a violation of the law. Several of the questions raise issues of improvements or changes in the code that the lapsed licensee will not be aware have transpired. I firmly believe that all lapsed licensee should retest We are in the business of protecting the health of the public and it is are responsibility to protect people of the state of Indiana no matter what excuse these plumbers have.

Matt

In a message dated 7/14/2008 2:39:37 P.M. Eastern Daylight Time, WJCPLMBG writes:

Attached are my thoughts on the possible questions and options for reinstatement of expired licenses. Please look them over and give me your ideas.

Bill Ciriello

---

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7/18/2008

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