

**The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.**

Return this completed form and the fee to Division of Registrations, Office of Licensing, 1560 Broadway, Suite 1350, Denver, Colorado, 80202. Fees may be paid by a check or money order drawn in U.S. dollars and made payable to *State of Colorado*. All fees are non-refundable and subject to change.

**Apprentice Registration \$30**       **Apprentice Termination No fee**

**APPRENTICE APPLICANT INFORMATION**

<b>Name:</b> Last:		First:	Middle:	Suffix:
<b>Social Security Number: *</b>		A Social Security Number is required for all licensees who are physically present in the United States. The Division will deem an application to be incomplete when the applicant is a United States resident and fails to submit his/her Social Security Number.		
<b>Daytime Telephone Number:</b> (     )		<b>Date of Birth</b> (mm/dd/yy):	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Home Mailing Address:</b>	PO Box, Street: City, State, Zip:			

**EMPLOYER INFORMATION**

Employer Name _____		Contractor Registration Number _____	
Date of Hire as an Apprentice Plumber* _____		Date of Termination _____	

\*If the hire date is more than 90 days past, the employer must provide a copy of the payroll records for the period of time not registered. Payroll records must include the dates worked and the hours worked.

**ATTESTATION**

**I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the information contained in this application is true and correct to the best of my knowledge. In accordance with 18-8-501(2)(a)(I), C.R.S. false statements made herein are punishable by law and may constitute violation of the practice act.**

\_\_\_\_\_  
 Master Plumber Signature and License Number

\_\_\_\_\_  
 Date

\* **Social Security Number Disclosure:** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting disciplinary actions to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.