



## Development Services Department

300 Richards Boulevard 3rd Floor Sacramento, CA 95811

Help Line: (916) 264-5011

[www.cityofsacramento.org/dsd](http://www.cityofsacramento.org/dsd)



### INFORMATION TO APPLICANTS

1. The minimum requirement for taking the examination is four (4) years of experience doing plumbing work.
2. Documentation of applicable experience **MUST BE** submitted for consideration with your application.
3. The questions on the application apply to **PLUMBING EXPERIENCE** only. They **DO NOT** apply to experience related to heating, refrigeration, shipping, or other occupations that are not within the meaning of “plumbing.”
4. The examination consists of the following:
  - 2 ½ hour open book exam on the 2006 edition of the Uniform Plumbing Code.
  - 100 multiple-choice questions which are broken into four (4) sections
    - a general knowledge of plumbing– may or may not contain ‘field terms’
    - DWV (drain, wastes, and vents)
    - Gas
    - Water
5. Please send your application and a check for \$44.00 made payable to **City of Sacramento** to:

Jason Hunter  
Board of Plumbing Examiners  
300 Richards Blvd., 3<sup>rd</sup> Floor  
Sacramento, CA 95811

Phone: (916) 808-8493

If you need further assistance feel free to contact me.

## CITY OF SACRAMENTO APPLICATION FOR PLUMBERS CERTIFICATION OF COMPETENCY

TYPE OF CARD	AMOUNT DUE
<input type="checkbox"/> Journeyman Test	\$44.00
<input type="checkbox"/> City Card if have County Card – County Card # _____	\$22.00
<input type="checkbox"/> Trainee	\$33.00
<input type="checkbox"/> Renewal	\$22.00
<input type="checkbox"/> Duplicate Card	\$3.00

**PLEASE MAKE CHECK PAYABLE TO CITY OF SACRAMENTO**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

EXPERIENCE (provide documentation)

Employer	Employer's Phone	Length of Employment	
		Yrs.	MO.
		Yrs.	Mo.
		Yrs.	MO.
		Yrs.	MO.
		Yrs.	MO.
		Yrs.	Mo.
		Yrs.	MO.

I affirm under penalty of perjury that the foregoing information is accurate and true to the best of my knowledge. Information will be confirmed by the City staff.

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

Please note that once this document is submitted to the City of Sacramento, your information may be subject to the Public Records Request Act. However, the City will not sell your data or information for any purpose.