



STATE OF DELAWARE

CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

**BOARD OF PLUMBING, HEATING, VENTILATION,
AIR CONDITIONING & REFRIGERATION EXAMINERS
VERIFICATION OF EMPLOYMENT**

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@delaware.gov

Applicant: Send this form to each employer listed on the application. You may duplicate the form as needed.

APPLICANT INFORMATION – to be completed by applicant

1. Name: _____
Last First M.I.
2. Address: _____
City State Zip
3. Phone: _____ Email: _____
Work Home
4. Social Security Number: _____
5. Employer Name: _____
6. Employer Address: _____
City State Zip
7. Type of License Applied for: : Master Plumber Master HVACR Master HVACR Restricted

EMPLOYER AFFIDAVIT – To be completed by employer named above

The above-named applicant has applied to the Delaware Board of Plumbing and HVACR Examiners for licensure. Please complete this section and have it notarized. For purposes of this affidavit, the following definitions apply:

Supervision - Control and oversight by a master licensee who is an owner or full-time employee of the entity providing services. A supervising master licensee is responsible and accountable for the work performed under the supervising master licensee's license.

Master Plumber services – The design, installation, construction, replacement, service, repair, alteration, or modification of the pipes, fixtures, and other apparatus used for bringing the water supply into a building and removing liquid and water-carried wastes from a building. Plumbing services also includes the installation and connection of gas piping.

Master HVACR services – The design, installation, construction, maintenance, service, repair, alteration, or modification of a product or of equipment including gas piping in heating and air conditioning, refrigeration, ventilation, or process cooling or heating systems.

Master HVACR Restricted services – HVACR services that are limited to **one** of the following specialties:

- Heating – Forced Air Systems, Ventilation, and Gas Piping
- Heating – Hydronic Systems and Gas Piping
- Commercial Hood Systems
- Refrigeration
- Air Conditioning
- Gas Piping

1. Supervisor's Name: _____
2. Supervisor's License Type (check one): **Master Plumber** **Master HVACR** **Master HVACR Restricted**
 Other Specify: _____
3. Licensing State: _____ License Number: _____
4. Address: _____

City State Zip
5. Phone: _____ Email: _____
6. The applicant was under my supervision from: _____ to: _____
7. Applicant's Job Title: _____
8. Applicant's Job Duties: _____

AFFIDAVIT

I, the supervisor named herein, do declare and affirm under penalty of perjury that the foregoing information is true and complete to the best of my knowledge and belief.

Signature of Supervisor: _____ **Date:** _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2_____.

Notary Signature: _____

SEAL My commission expires: _____

Return this form *directly* to the Delaware Board of Plumbing, Heating, Ventilation, Air Conditioning & Refrigeration Examiners at address above.