



# PHCC of California

## Journey-level Certification Application

Exam Location: \_\_\_\_\_ Exam Date: \_\_\_\_\_

*Must enter PHCC Location or Contractor Office Information Above*

To qualify to take the examination you must submit proof of **4 years full time** experience for the journey level plumber. Experience must be gained under the employment of a licensed plumbing contractor. Written documentation from current employer must describe duties performed, dates employed, be on company letterhead and be notarized. This documentation must be accompanied with W-2 forms and a digital photo (head shot against a neutral background, i.e. white wall, similar to driver's license). Email digital photo to [jlc@caphcc.org](mailto:jlc@caphcc.org) and include name and address. Renewals do not need to submit documentation again.

For **Licensed Plumbing Contractors only**: You may submit a copy of your current pocket or wall license in lieu of W-2 forms and notarized letter.

The test consists of 50 multiple choice questions, 25 questions on DWV sizing, 25 questions on water sizing and 25 questions on gas sizing for a total of 125 questions. The exam must be completed within 3 hours, and applicants must achieve a minimum of 60% correct on each section, and a total of 70% overall to pass the exam. Applications for retest include retaking the entire exam.

Full Legal Name: \_\_\_\_\_ Last 4 of Soc. Sec. #: xxx-xx-\_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Sex: M F

**Work Experience**

New Construction: \_\_\_\_\_ Years \_\_\_\_\_ Months (minimum 4 years required)  
 Service: \_\_\_\_\_ Years \_\_\_\_\_ Months (minimum 4 years required)

List present or most recent employers (must be a licensed contractor):

Employer Name	Date Worked From	Date Worked To	Type of Work	Contact Name & Phone Number

Have you completed a journey level and/or apprenticeship program?  Yes  No If yes, when? Date: \_\_\_\_\_

Are you a licensed contractor?  Yes  No

State: \_\_\_\_\_ Classification(s): \_\_\_\_\_ License #: \_\_\_\_\_

Have you taken this examination on a previous date:  Yes  No If yes, when? Date: \_\_\_\_\_

I do solemnly swear that the above statements are true and that falsification of these statements could be cause for disqualification.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

- |                          |   |   |
|--------------------------|---|---|
| The examination fees are | <input type="checkbox"/> \$60.00 per PHCC member/employee   | <input type="checkbox"/> \$120.00 per non-member.   |
| Re-examination fees are  | <input type="checkbox"/> \$30.00 per PHCC member/employee   | <input type="checkbox"/> \$60.00 per non-member.  |
| Renewal Fees/Schedule    | <input type="checkbox"/> \$50.00 per PHCC member/employee*<br>*Valid for 3 years<br>*Renewal test every 3 years | <input type="checkbox"/> \$100.00 per non-member**<br>**Valid for 1 year<br>**Renewal fee every year/test every 3 years |

**Please make all checks payable to: PHCC of California  
or Call 800-780-7422 using Credit Card**

Returned checks will be subject to a minimum \$35 returned check fee and hold on certification.

**Mail**

Completed application,  
documentation & payment to:  
PHCC of California  
1820 Tribute Road, Suite A  
Sacramento, CA 95815

**Cancellation/Reschedule Policy:**

Cancellation must be made in writing 10 days prior to the exam date to receive a partial 50% refund. All exam reschedule requests must be made in writing 10 days prior to exam date to avoid additional fees.