

**ST. LOUIS COUNTY, MISSOURI  
DEPARTMENT OF PUBLIC WORKS  
BOARD OF PLUMBING EXAMINERS**

41 S. Central Ave., St. Louis MO 63105-1719

For information only: Phone: 314 615-3723 E-Mail: kjamerson@stlouisco.com (subject: license application)

**NOTE: DO NOT E-MAIL THIS AFFADAVIT, ORIGINAL MUST BE MAILED**

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**AFFIDAVIT OF EMPLOYMENT EXPERIENCE**

(Before beginning, make a copy of this blank page for each of the applicant's employers)

TO: St. Louis County Board of Plumbing Examiners

**PLEASE TYPE, OR PRINT CLEARLY**

Applicant's Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_

Employment verified from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ (start and end dates in your employ)

Description of Work Experience:

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Work listed above was performed under the supervision of:

Master Plumber: \_\_\_\_\_ License # \_\_\_\_\_

Jurisdiction granting License if not St. Louis County \_\_\_\_\_

Plumbing Installation Supervisor (If license not required) \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Describe in detail the type and scope of applicant's job duties (use separate sheet if necessary).

**NOTE: This page is to be completed by the applicant's EMPLOYER, not the applicant.**

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I hereby declare that above and foregoing employment history is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Affiant (Employer) Signature

\_\_\_\_\_  
Affiant (Employer) Typed/Printed Name

State of \_\_\_\_\_

Title: \_\_\_\_\_

County of \_\_\_\_\_

This document was signed by \_\_\_\_\_ in my presence on \_\_\_\_/\_\_\_\_/20\_\_\_\_. His/ her identity is (check one) \_\_\_\_ known to me, or \_\_\_\_ confirmed by current, valid official photo identification.

(Affix Notary seal or stamp in blank area of this page)

\_\_\_\_\_  
Notary Public