

PLUMBING EXAM

Building & Safety Department
555 South 10th Street, Room 203 Lincoln, NE 68508
Main 402-441-7521, Fax 402-441-8214
[Building & Safety Website](#)

EXAM SCHEDULE

The Plumbing Exam shall be given on the 3rd Thursday of February, May, August and November.

TIME & PLACE OF EXAM

The Project Portion of the Plumbing test will begin at 6:30 a.m. SHARP.

Late arrivals will NOT be allowed to test and will receive a ZERO on the project portion of the test. There will be a **2 hours time limit to complete the exam.**

All Written Portions of the Plumbing, Water Conditioning, and Gas Fitters Examination will begin at 9:00 a.m. SHARP. There will be a five (5) hours time limit to complete the Plumbing Exam.

The Water Conditioning, Gas Fitters, and ALL PORTIONS of the Plumbing Examination will be given at:

ABC Training Center
830 West Gate Boulevard
(See Map)

BRING TO EXAM

- * 2012 UPC and Lincoln Plumbing Code Amendments
- * Lincoln Gas Piping Code Book (Lincoln Municipal Code: Section 24.05)

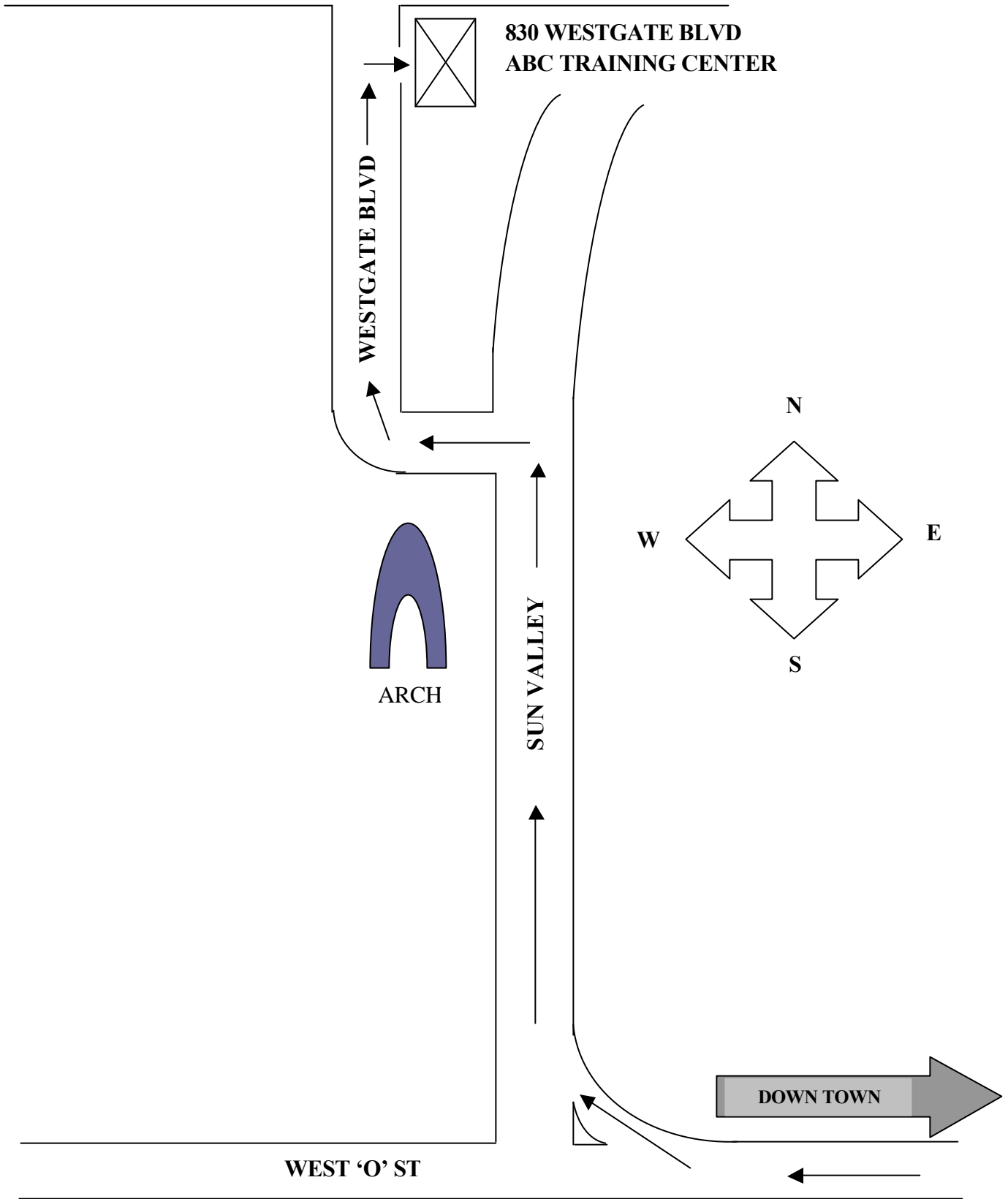
DEADLINE

Exam Fee (see application) and completed application shall be submitted at least two (2) weeks prior to the exam date.

To cancel your scheduled test time, please call the day before to make your cancellation notice.

**If you have any questions, call the Department of Building
& Safety Plumbing Section, (402) 441-6408**

MAP



DETACH AND SAVE THIS MAP FOR YOUR USE

PLUMBING EXAM

DEPARTMENT OF BUILDING & SAFETY

CITY OF LINCOLN, NE

COPPER PROJECT

Materials and Tools to be furnished by applicant:

QUANTITY	TYPE
1	Piece 1-1/2 Copper Type M or L 21" long
1	Piece 3/4 Copper Type M or L 30" long
1	Piece 1-1/2 x 3/4 Tee
2	Piece 3/4 C. 90 Degrees
8 OZ.	Lead-free Solder
1	Piece of Sand Cloth
1	Piece 3/4 C 45 Degree

Solder Flux

QUANTITY	TYPE
1	Tubing Cutter 1-1/2 Copper Pipe
1	Soldering Torch
1	Hack Saw
1	6' Ruler
1	Level
1	Pair Pliers - Channellocks
1	Hammer
1	Screw Driver

Optional Items

- Saws-All
- Pipe
- Extension Cord

EXAMS

Receipt # _____

Date: _____

**DEPARTMENT OF BUILDING & SAFETY
555 SOUTH 10TH STREET, ROOM 203
LINCOLN, NE 68508**

[Building & Safety Website](#)

If you are retaking an exam within 6 months of your first exam, you may stop after the "Application for:" section.

NAME _____
(Type or Print)

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

Application for:

- Please check one -

PLUMBING EXAM

Master \$208.00
Journeyman \$183.00

GAS FITTER EXAM

Master \$50.00
Journeyman \$50.00

WATER CONDITIONING EXAM

Contractor \$30.00
Installer \$30.00

---If you are **retaking** an exam *within 6 months* of your *first exam*, you may stop here---

List appropriate **LICENSES or CERTIFICATES** issued to you by other governmental agencies:

1. Type: _____ Issued by: City ? State ? (Check one)

Exam Date _____/_____/_____ (Month/Year) Registration #: _____

2. Type: _____ Issued by: City ? State ? (Check one)

Exam Date _____/_____/_____ (Month/Year) Registration #: _____

EMPLOYMENT

1. Present: _____ Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Owner's/Supervisor's Name _____

Employed from _____/_____/_____ (Month/Year) to Present Type of Work _____

2. Previous: _____ Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Owner's/Supervisor's Name _____

Employed from _____/_____/_____ (Month/Year) to _____ Type of Work _____

3. Previous: _____ Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Owner's/Supervisor's Name _____

Employed from _____/_____/_____ (Month/Year) to _____ Type of Work _____

4. Previous: _____ Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Owner's/Supervisor's Name _____

Employed from _____/_____/_____ (Month/Year) to _____ Type of Work _____

EDUCATION

College / University _____ City, State _____

Type of Course _____ Degree _____ Year Completed _____

Course completed appropriate to application:

1. Name of School _____ City, State _____

Type of Course _____ Started _____ Completed _____
Date Date

2. Name of School _____ City, State _____

Type of Course _____ Started _____ Completed _____
Date Date

3. Name of School _____ City, State _____

Type of Course _____ Started _____ Completed _____
Date Date

EXPERIENCE

List Two MAJOR PROJECTS that you have worked on within the past year:

1. Name _____ Address _____

Type of Work _____

2. Name _____ Address _____

Type of Work _____

List PROJECTS you have worked on in the PREVIOUS THREE YEARS:

1. Name _____ Address _____

Type of Work _____

2. Name _____ Address _____

Type of Work _____

3. Name _____ Address _____

Type of Work _____

4. Name _____ Address _____

Type of Work _____

List below any ADDITIONAL INFORMATION or WORK EXPERIENCE that may be valuable to the Board of Examiners:

I hereby grant permission the Board of Examiners to contact employers, schools or individual persons named on this application for verification of the information submitted.

False information submitted will be *grounds to void* the application or *revoke* a Certificate issued.

X _____
Signature of Applicant

CITY OF LINCOLN

DEPARTMENT OF BUILDING & SAFETY

SPECIAL ACCOMMODATIONS REQUEST FORM

The City of Lincoln Building & Safety Department is committed to complying with the provisions of the Americans with Disabilities Act (ACA). Reasonable testing accommodations with modifications and aids will be provided to candidates with documented disabilities.

Date: _____

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Telephone #: (_____) _____ - _____ Email: _____

Description of Disability: _____

Other Equipment or accommodation (please explain): _____

Accommodations previously provided (list accommodation & purpose): _____

*NOTE: Only candidates who require special examination accommodations should use this form.