

# **PLUMBING EXAM**

**Building & Safety Department**  
**555 South 10<sup>th</sup> 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 3<sup>rd</sup> 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)

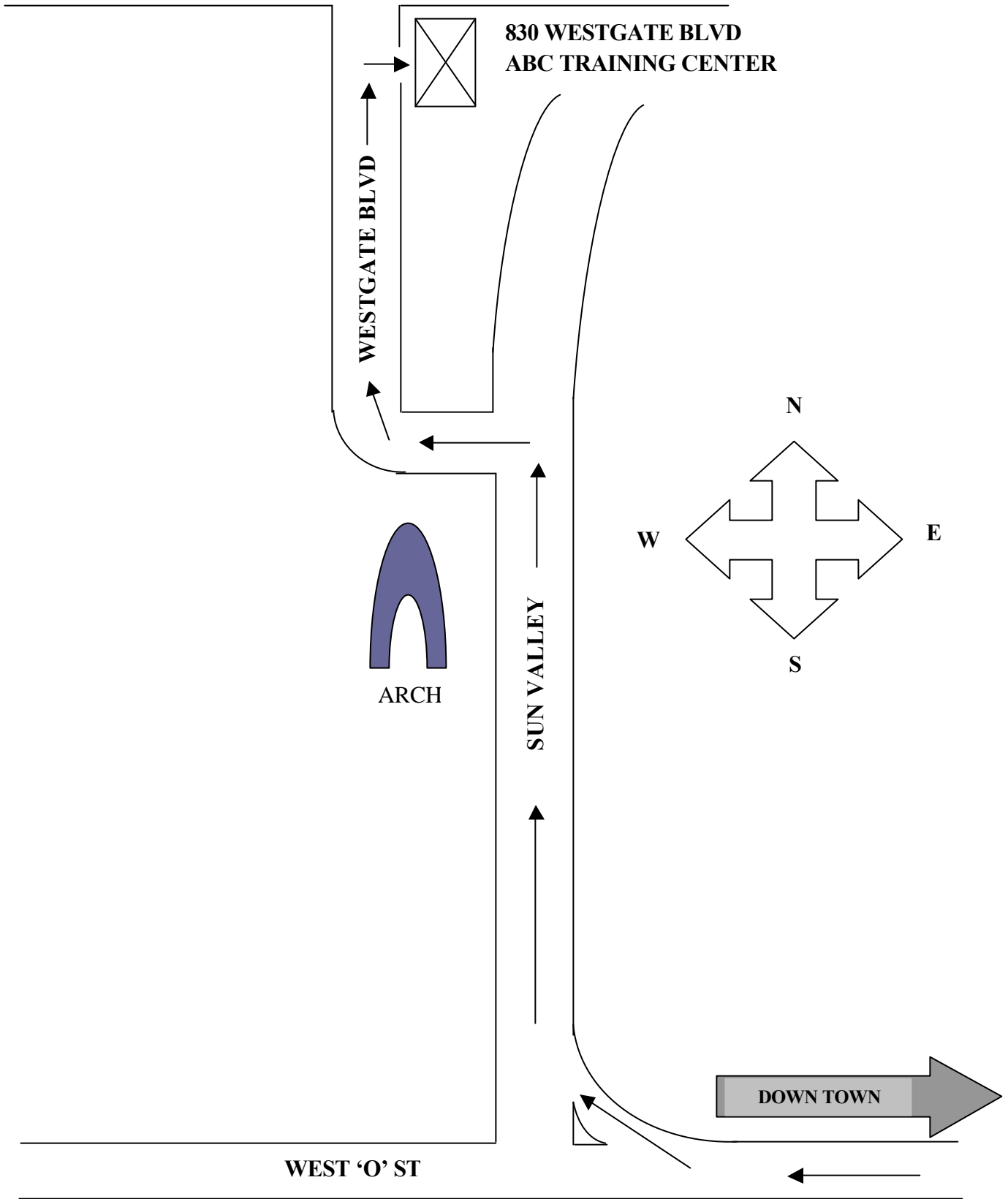
## **DEADLINE**

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 10<sup>TH</sup> 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:

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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: \_\_\_\_\_

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Other Equipment or accommodation (please explain): \_\_\_\_\_

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Accommodations previously provided (list accommodation & purpose): \_\_\_\_\_

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