



2 YEARS OF RELEVANT POST-QUALIFICATION EXPERIENCE FORM

Instructions

1. All information required must be provided. Incomplete details, false particulars or wilful suppression of material facts will render the application liable to disqualification.
2. All applicants will be notified of the outcome of their applications 4 weeks after the closing date.
3. The Board is not obliged to provide any reason for the selection of applicants.

Name of Applicant:

NRIC No.:

1. Relevant Plumbing Experiences of Applicant

*S/No.	PUB Project Reference No. / PUB Submission No.	Project Address/Location	Start Date (DD/MM/YYYY)	End Date (DD/MM/YYYY)	*Duration	Name of PUB Licensed Plumber (LP) & Signature

* For the duration, please indicate the period during which the applicant performed plumbing work under the supervision of a Licensed Plumber

+ Please attach a separate list as an attachment if space is insufficient.

2. Employment History of Licensed Plumber (To be completed by LP)

Name of licensed Plumber:

Licence No.:

Employer / Company	Start Date (DD/MM/YYYY)	End Date (DD/MM/YYYY)	Signature of PUB Licensed Plumber

Declaration by Applicant

- ☐ I declare that all the information given in this “2 YEARS OF RELEVANT POST-QUALIFICATION EXPERIENCE FORM” is true and correct.
- ☐ I am aware that legal action may be taken against me if I had knowingly provided false information.
- ☐ I agree that any false declaration and/or provision of information shall result in disqualification from current and future applications.
- ☐ I certify that the information given in this application and any document attached are true, correct and complete.
- ☐ I acknowledge that PUB’s decision on the outcome of the application shall be final, and not be subject to any further appeal.

Signature of Applicant / Date