



# STATE PLUMBING BOARD OF LOUISIANA

ADMINISTRATIVE OFFICE: 12497 AIRLINE HIGHWAY, BATON ROUGE, LOUISIANA 70817

PHONE: (225) 756-3434 FAX: (225) 756-3433

## Certificate Issuance Form

### LICENSE TYPE AND FEES

(Check One)

Inactive to Active- \$160.00

(\$150 + \$10 Processing charge)

Change Employing Entity- \$160.00

(\$150 + \$10 Processing charge)

**PLEASE BE SURE TO FILL OUT AND NOTORIZE THE BACK FORM IF YOU HAVE NO EMPLOYEES**

Full Name: \_\_\_\_\_ LMP# \_\_\_\_\_  
Last First Middle

Resident Address \_\_\_\_\_  
Street City State Zip

Parish: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ - - Phone(\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employing Entity: \_\_\_\_\_  
Company Name

Address: \_\_\_\_\_  
Street City State Zip

Business Telephone: (\_\_\_\_) \_\_\_\_\_

**Sole Proprietorship:** Owner's Name: \_\_\_\_\_

**Partnership:** Name of Partners: 1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

**Corporation:** Name of Officer's:  
President: \_\_\_\_\_

Vice-President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

**DATE:** \_\_\_\_\_ **APPLICANT'S SIGNATURE** \_\_\_\_\_

### FOR OFFICE USE ONLY

License No. \_\_\_\_\_ Date Issued \_\_\_\_\_ Approved \_\_\_\_\_ Ins. Certificate Received \_\_\_\_\_

**INSURANCE REQUIREMENTS**

ALL ACTIVE MASTER PLUMBERS are required to maintain current Certificates of Insurance demonstrating coverage for GENERAL LIABILITY, WORKER’S COMPENSATION AND SERVICE VEHICLE LIABILITY INSURANCE with the Board’s office. Certificates of Insurance that do not stipulate a termination of coverage date (i.e., continuous, continuous until canceled, etc.) will be accepted for the current license year only. State Plumbing Board of Louisiana must be listed as certificate holder on the insurance certificate.

*NOTE:* A copy of the proof of insurance card for each service vehicle may be submitted in lieu of a certificate for vehicle liability coverage. If you are self-employed and have no employees the completion and notarization of the following affidavit will suffice for a certificate. The affidavit will expire upon change of requirement status or on December 31 of the license year, whichever occurs first. A new affidavit is required for each renewal year.

I, \_\_\_\_\_, LMP \_\_\_\_\_, am self employed and I have no employees; therefore, I am exempt from the requirement to carry worker’s compensation insurance. If in the future, I should hire any employees, I will obtain worker’s compensation insurance coverage and submit a certificate of insurance to the State Plumbing Board immediately.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary

Signature of Notary

**THIS OATH MUST BE TAKEN BEFORE AN OFFICER AUTHORIZED TO ADMINISTER OATHS**