

**State Plumbing Board of Louisiana**  
**DUPLICATE LICENSE/CERTIFICATE**  
*(PLEASE PRINT)*

**LICENSE TYPE:** *Please select*

- Master Plumber: LICENSE No. \_\_\_\_\_  
 *Certificate only*    *Card only*    *both needed*
- Journeyman Plumber: LICENSE No. \_\_\_\_\_
- Medical Gas Installer: LICENSE No. \_\_\_\_\_
- Medical Gas Verifier: LICENSE No. \_\_\_\_\_
- Landscape Irrigation-WSPS: ENDORSEMENT No. \_\_\_\_\_

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**FEES: \$20.00 check or money order only**  
***(\$10.00 License Fee + \$10.00 Processing Charge)***

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**VITAL INFORMATION:** *Please complete all information*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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APPLICANT'S SIGNATURE

DATE

=====Office Use Only=====

Clerk: \_\_\_\_\_ Date Posted: \_\_\_\_\_ Ref. No.: \_\_\_\_\_ Amount: \_\_\_\_\_