



STATE PLUMBING BOARD OF LOUISIANA

Journeyman Plumber License Renewal

License Year
2012

ALL INCOMPLETE FORMS WILL BE RETURNED

The Louisiana State Plumbing Law (LA. R.S. 37:1361 et seq.) requires that all persons actively engaged in the work of a Journeyman Plumber must possess a current Journeyman Plumber license issued by the State Plumbing Board of Louisiana. Your license will expire on December 31 of the license year.

Louisiana Master Plumber License: The State Plumbing Law requires that persons engaged in the business of plumbing possess a current Master Plumber license issued by this Board. If you, as a licensed Journeyman Plumber, plan to engage in any plumbing business activity, you should immediately contact the Board's office at (225) 756-3434, for an application to take the Master Plumber examination.

W.S.P.S. Endorsement: A Water Supply Protection Specialist (W.S.P.S.) Endorsement is required for all plumbers and Landscape Irrigation Contractors who install, repair, or maintain Backflow Prevention Assemblies.

For additional information contact the State Plumbing Board of Louisiana, 12497 Airline Highway, Baton Rouge, Louisiana 70817. The phone number is (225) 756-3434 and the fax number is (225) 756-3433.

REVIEW <u>EACH</u> SECTION CAREFULLY MAKING ANY NECESSARY CHANGES. SIGN AND RETURN WITH ALL APPROPRIATE FEES IN THE FORM OF A CHECK OR MONEY ORDER TO:	STATE PLUMBING BOARD OF LOUISIANA 12497 AIRLINE HIGHWAY BATON ROUGE, LA. 70817 (225) 756-3434
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LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS		
MAILING ADDRESS / P.O. BOX		
CITY	STATE	ZIP
		PARISH
PHONE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NO.
		LJP LICENSE NO
E-MAIL ADDRESS		
HAVE YOU EVER BEEN CONVICTED OF A FELONY ASSOCIATED WITH THE ART OF PLUMBING? YES / NO (CIRCLE ONE)		
IF YOU ANSWERED YES TO THE ABOVE QUESTION, PLEASE EXPLAIN IN THE SPACE PROVIDED:		
DID YOU COMPLETE THE REQUIRED CONTINUING EDUCATION HOURS FOR 2012? YES / NO (CIRCLE ONE)		
IF YES PLEASE STATE WHEN AND WHERE: _____		

EMPLOYING ENTITY

NAME OF COMPANY OR ORGANIZATION			
EMPLOYER ADDRESS			
EMPLOYER CITY	STATE	ZIP	EMPLOYER PHONE

I certify that all information contained herein is true and accurate

Signature

Date

SCHEDULE OF FEES

Journeyman Plumber License Fees	\$ 40.00
Delinquent Fees : (due only if paid after December 31) \$15.00 if paid by March 31 OR \$30.00 if paid after March 31	\$
Processing Charge: charged on all applications and licenses	\$ 10.00
TOTAL: Add the amounts in the column to the right.	\$

Any license not renewed for four consecutive years, will have to be re-examined by the Board.

Journeyman plumbers running a repair business must have the word “REPAIR” in the name of the business. ALL JOURNEYMAN PLUMBERS running a repair business 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 worker’s compensation certificate. The affidavit will expire upon change of requirement status or on December 31 of the license year, whichever is greater.**

Job Site and Service Vehicle Signs—Required Information: Company Name, Address, Telephone Number, and License Number. The lettering must be at least 2” high and service vehicle signs must be permanent—no magnetic signs. The preceding information must appear in all advertising, business cards, letterhead, etc.

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INSURANCE REQUIREMENTS

I, _____, LJP # _____, 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