



**STATE PLUMBING BOARD OF LOUISIANA**  
**Medical Gas Piping Installer License Renewal**

License Year <b>2012</b>
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**ALL INCOMPLETE FORMS WILL BE RETURNED**

**Medical Gas Piping Installer License:** Louisiana Medical Gas Piping Installer Law (LA. R.S. 37:1361 et seq.) requires that persons engaged in the work or business of medical gas piping installation must possess a current Medical Gas Piping Installer License issued by the State Plumbing Board of Louisiana. Your license will expire on December 31 of the license year.

**Journeyman and Master Plumber Licenses:** 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. The State Plumbing Law further requires that persons engaged in the business of plumbing possess a current Master Plumber license issued by this Board.

**W.S.P.S. Endorsement:** A Water Supply Protection Specialist (W.S.P.S.) Endorsement is required for all plumbers 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.

COMPLETE EACH SECTION. COMPLETE THE BRAZING AFFIDAVIT ON REVERSE SIDE 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, LOUISIANA 70817
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**Select One:**     Brazing Certified (must complete affidavit on reverse)     Non-Brazing

LAST NAME		FIRST NAME		MIDDLE INITIAL A
STREET ADDRESS			MAILING ADDRESS / P.O. BOX	
CITY	STATE	ZIP	PARISH	
PHONE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NO.	LMG LICENSE NO	
E-MAIL ADDRESS				
HAVE YOU EVER BEEN CONVICTED OF A FELONY ASSOCIATED WITH THE ART OF PLUMBING? IF YOU ANSWERED YES TO THE ABOVE QUESTION, PLEASE EXPLAIN IN THE SPACE PROVIDED:			YES / NO (CIRCLE ONE)	
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**

Medical Gas Piping Installer License Fees	<b>\$ 30.00</b>
Delinquent Fees: (due only if paid after December 31) \$10.00 if paid by March 31 OR \$20.00 if paid after March 31	\$
<b>Processing Charge: charged on all applications and licenses</b>	<b>\$ 10.00</b>
<b>TOTAL:</b> Add the amounts in the column to the right.	<b>\$</b>

**AFFIDAVIT  
PERFORMANCE QUALIFICATION FOR BRAZERS**

STATE OF LOUISIANA  
PARISH OF \_\_\_\_\_

Personally came and appeared before me the undersigned notary

\_\_\_\_\_ representing \_\_\_\_\_  
Name Company Name

who after being duly sworn did depose and state as follows:

I certify that \_\_\_\_\_, \_\_\_\_\_ has met  
Print or type name of employee Social Security Number

the provisions of N.F.P.A. 99, 1996 Edition (4-3.1.2.3. (b) 1.F which reads as follows:

**“Performance qualification for brazers shall remain in effect indefinitely unless the brazer does not braise with the qualified procedure for a period exceeding twelve (12) months, or there is a specific reason to question the ability of the brazer.”**

**“The qualifying procedure addresses filler metal used, cleaning, joint clearance, overlap, internal purge gas and flow rate used during brazing of the coupon and no internal oxidation exhibited on the completed test coupon.”**

Attach a copy of your employee’s brazing procedure specification and the supporting qualification records that are required to be on file with the employer in accordance with N.F.P.A. 99C (4-3.1.2.3(b) d.ii).

EMPLOYER REPRESENTATIVE’S SIGNATURE \_\_\_\_\_

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

SWORN TO AND SUBSCRIBED BEFORE THE UNDERSIGNED NOTARY PUBLIC

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

NOTARY SEAL