STATE PLUMBING BOARD OF LOUISIANA

12497 Airline Hwy, Baton Rouge, LA 70817
Phone: 225-756-3434 Fax: 225-756-3433

ATTACH PHOTO HERE

WATER SUPPLY PROTECTION SPECIALIST ENDORSEMENT APPLICATION

Please check the license that the endorsement is to be issued for:

☐ ***PLUMBING LICENSE*** ☐ ***LANDSCAPE IRRIGATION CONTRACTOR***

Upon successfully completing an approved training program and passing the Water Supply Protection Specialists examination, the application must be completed, properly signed and witnessed before a Notary Public in the affidavit so provided at the bottom of the application. *Landscape Irrigation Contractors are required to provide a copy of their current Landscape Irrigation Contractors' license issued by the Louisiana Horticultural Department.*

You are required to provide a certificate of completion of water supply protection specialists training from a program that has been approved by the State Plumbing Board. Return the application and check or money order for **$20.00 ($10 endorsement fee + $10 processing charge)**, plus a small photograph of yourself (2"x2"), which will be attached to your application for identification purposes, to **12497 Airline Hwy, Baton Rouge, LA 70817**. **ENDORSEMENT FEE PAYABLE TO: STATE PLUMBING BOARD**. Should you withdraw your application after we have begun processing it, 50% of the endorsement fee will be retained for administrative costs.

ENDORSEMENTS EXPIRE DECEMBER 31st OF EACH YEAR. IF RENEWED AFTER THIS DATE, DELINQUENT FEES WILL BE ASSESSED
FORM WILL BE RETURNED IF NOT COMPLETE

NAME_____ SOC. SEC.NO. _____-____- _____ P HONE NO. ( )_____

ADDRESS _____PARISH_____
Street

CITY_____STATE & ZIP CODE_____DATE OF BIRTH _____

E-MAIL ADDRESS: _____

HAVE YOU EVERY BEEN CONFICTED 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: _____

_____

_____

JOURNEYMAN LIC. NO. _____ MASTER LIC. NO. _____

CURRENT EMPLOYER _____ADDRESS _____
Name of Company **Street**

CITY/STATE/ZIP_____ BUSINESS TELEPHONE NO. ( )_____

HAVE YOU COMPLETED A WATER SUPPLY PROTECTION SPECIALISTS TRAINING COURSE? Y_____N_____

EXAM ADMINISTERED BY: _____RESULTS: PASSED _____FAILED_____
NAME OF ORGANIZATION

DATE COURSE COMPLETED: _____

State of Louisiana Parish of_____:

I HAVE READ THE INSTRUCTIONS BEFORE FILLING OUT THE APPLICATION.

APPLICANT'S SIGNATURE_____

SUBSCRIBED AND SWORN TO BEFORE ME, THIS _____DAY OF _____20_____.

SIGNATURE OF NOTARY_____

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

FOR OFFICE USE ONLY

Date received_____**Comm. Approval**_____**Date Posted**_____**Endorsement Issued**_____**License Clerk**_____