



# STATE PLUMBING BOARD OF LOUISIANA

*"From Hospital to Home, Your Health Depends on Proper Plumbing  
— A Cornerstone of Public Health"*

## Certificate Issuance Form

### LICENSE TYPE AND FEES

*(Check One)*

**Inactive to Active- \$160.00**  
**(\$150 + \$10 Processing Charge)**

**Change Employing Entity/Employing Entity Address - \$160.00**  
**(\$150 + \$10 Processing Charge)**

**Active to Inactive - \$40.00**  
**(\$30 + \$10 Processing Charge)**

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

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

Resident Address \_\_\_\_\_  
Street / PO Box City State Zip

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

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

Address: \_\_\_\_\_  
Street / PO Box City  
State Zip Parish

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

**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:** \_\_\_\_\_

*(PLEASE SEE BACK FOR INSURANCE REQUIREMENTS)*

### FOR OFFICE USE ONLY

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

## WORKER'S COMPENSATION AFFIDAVIT

All Master Plumbers, Journeyman Plumbers with a Repair Business, and Master Natural Gas Fitters must show proof of 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 exempt from worker's compensation under the Louisiana Worker's Compensation Laws the completion and notarization of the following affidavit will suffice as an exemption 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. Journeyman Plumbers running a repair business must have the word "REPAIR" in the name of the business.

Inactive Master Plumber and Inactive Master Natural Gas Fitters Licenses must be renewed annually. The Inactive Master Plumber license entitles the licensee to the same privileges as a Journeyman Plumber. The Inactive Master Natural Gas Fitters license entitle the licensee to the same privileges as a Natural Gas Fitter. **ALL WORKING MASTER PLUMBERS, INACTIVE MASTER PLUMBERS, MASTER NATURAL GAS FITTERS, AND INACTIVE MASTER NATURAL GAS FITTERS MUST INDICATE THE EMPLOYING ENTITY ON REVERSE.**

**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.

For additional information contact the State Plumbing Board of Louisiana, 11304 Cloverland Avenue, Baton Rouge, LA 70809. The phone number is (225) 756-3434 and the fax number is (225) 756-3433.

I, \_\_\_\_\_, Lic No. \_\_\_\_\_, 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**

**PLEASE COMPLETE IF YOU ARE EXEMPT FROM WORKER'S COMPENSATION ONLY. IF YOU HOLD MULTIPLE LICENSES, ONE AFFIDAVIT WILL SUFFICE FOR EXEMPTION OF COVERAGE.**