



STATE PLUMBING BOARD OF LOUISIANA

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

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DUPLICATE LICENSE/CERTIFICATE

(PLEASE PRINT)

LICENSE TYPE: *Please select*

- Master Plumber: License No.** _____
 - Certificate only* *Card only* *Both Certificate and Card*
- Journeyman Plumber: License No.** _____
- Tradesman: License No.** _____
- Apprentice: License No.** _____
- Master Natural Gas Fitter: License No.** _____
- Natural Gas Fitter: License No.** _____
- Medical Gas Installer: License No.** _____
- Medical Gas Verifier: License No.** _____
- Landscape Irrigation – WSPS Endorsement: License No.** _____

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

VITAL INFORMATION: *Please complete all information*

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

SOCIAL SECURITY #: **XXX-XX-**_____ DATE OF BIRTH: _____

EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APPLICANT'S SIGNATURE

DATE

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

Clerk: _____ Date Posted: _____ Ref. No.: _____ Amount: _____