



# STATE PLUMBING BOARD OF LOUISIANA

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

ATTACH  
PHOTO  
HERE

11304 Cloverland Ave. Baton Rouge, LA. 70809

Phone: 225-756-3434 Fax: 225-756-3433

## 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 Department of Agriculture and Forestry.*

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 11304 Cloverland Ave. Baton Rouge, LA. 70809. 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 31<sup>ST</sup> OF EACH YEAR. IF RENEWED AFTER THIS DATE, DELINQUENT FEES WILL BE ASSESSED  
FORM WILL BE RETURNED IF NOT COMPLETE**

NAME	LAST	FIRST	MIDDLE	SUFFIX	SOC. SEC. NO.	-	-	P HONE NO. ( )
ADDRESS	Street			PARISH				
CITY	STATE & ZIP CODE			DATE OF BIRTH				
E-MAIL ADDRESS:								

HAVE YOU EVERY BEEN CONFLICTED 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 \_\_\_\_\_