



# STATE PLUMBING BOARD OF LOUISIANA

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

11304 Cloverland Ave. Baton Rouge, LA. 70809  
Phone: 225-756-3434 Fax: 225-756-3433

ATTACH PHOTO HERE

## MEDICAL GAS INSTALLERS LICENSE APPLICATION

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This application must be completed, properly signed, and witnessed before a Notary Public on the affidavit provided on the last page of the application. Return the application to this office with the **LICENSING FEE OF \$40.00 (\$30 License Fee + \$10 Processing Charge)**, plus a small photograph of yourself (2"x2") which will be attached to your application for identification purposes. Also, you are required to **provide proof of completion of a medical gas training course meeting the criteria of ASSE Series 6000, standard 6010 and proof that your brazing performance qualifications are current with the third-party provider.** Should you withdraw your application after we have begun processing it, 50% of the license fee will be retained by the board for administrative costs.

**MAKE LICENSE FEES PAYABLE TO: STATE PLUMBING BOARD OF LA.**

**MAIL TO: STATE PLUMBING BOARD OF LA. 11304 CLOVERLAND AVE. BATON ROUGE, LA. 70809.**

Any person possessing a restricted master plumber license, who is also licensed by the board as a medical gas piping installer, shall not be restricted geographically with respect to his work or business as a medical gas piping installer. However, the restrictions applicable to his restricted master plumber license shall remain in effect.

A medical gas piping installer shall, as a condition of licensing under these regulations, maintain his brazer performance qualification in accordance with NFPA 99C Gas and Vacuum Systems, latest edition.

Any person, who at any time is cited by the board for working as a medical gas piping installer without possessing the necessary license issued by the board, shall be subject to a special enforcement fee as a precondition to any subsequent licensing of any nature. This fee shall be in addition to the regular fees accessed by the board.

.....  
NAME \_\_\_\_\_ DATE \_\_\_\_\_  
                    LAST                    FIRST                    MIDDLE                    SUFFIX

MAILING ADDRESS \_\_\_\_\_  
                                    Street                                    City                                    State                                    Zip

SOCIAL SECURITY NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN LICENSED BY THE STATE PLUMBING BOARD? Y \_\_\_\_\_ N \_\_\_\_\_

IF YES, TYPE OF LICENSE \_\_\_\_\_

MEDICAL GAS AND OTHER PIPE TRADES EXPERIENCE \_\_\_\_\_  
# of Years

HAVE YOU COMPLETED A MEDICAL GAS TRAINING COURSE? Y \_\_\_\_\_ N \_\_\_\_\_

COURSE ADMINISTERED BY: \_\_\_\_\_ RESULTS: PASSED \_\_\_\_\_ FAILED \_\_\_\_\_  
                                    Name of Organization

DATE OF COURSE \_\_\_\_\_  
.....

**R.S.1367 (F)...MEDICAL GAS PIPING INSTALLATION IS THE WORK OR BUSINESS OF INSTALLING IN BUILDINGS AND PREMISES PIPING USED SOLELY TO TRANSPORT GASES FOR MEDICAL PURPOSES...**

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**PIPE TRADES WORK EXPERIENCE**

**CURRENT EMPLOYER:**

COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
EMPLOYMENT FROM: \_\_\_\_\_ TO \_\_\_\_\_  
Mo. Yr. Mo. Yr.  
DESCRIPTION OF WORK \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_

**PREVIOUS EMPLOYER:**

COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
EMPLOYMENT FROM: \_\_\_\_\_ TO \_\_\_\_\_  
Mo. Yr. Mo. Yr.  
DESCRIPTION OF WORK \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_

**PREVIOUS EMPLOYER:**

COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
EMPLOYMENT FROM: \_\_\_\_\_ TO \_\_\_\_\_  
Mo. Yr. Mo. Yr.  
DESCRIPTION OF WORK \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_

.....

State of Louisiana  
Parish of \_\_\_\_\_.

The applicant, whose name is \_\_\_\_\_  
being sworn, declared that the foregoing statements subscribed to by him are true to the best of his knowledge and belief, and that he personally signed this application, and has read the statement made by the persons vouching for him and can confirm the correctness of these statements.

I HAVE READ THE COPY OF 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.**