



STATE PLUMBING BOARD OF LOUISIANA

License Year
2019

Medical Gas Piping Installer License Renewal

ALL INCOMPLETE FORMS WILL BE RETURNED

Medical Gas Piping Installer License: Louisiana Medical Gas Piping Installer Law (LA. R.S. 37:1361 et seq.) requires that persons engaged in the work or business of medical gas piping installation must possess a current Medical Gas Piping Installer License issued by the State Plumbing Board of Louisiana. Your license will expire on December 31 of the license year.

Journeyman and Master Plumber Licenses: Louisiana State Plumbing Law (LA. R.S. 37:1361 et seq.) requires that all persons actively engaged in the work of a Journeyman Plumber must possess a current Journeyman Plumber license issued by the State Plumbing Board of Louisiana. The State Plumbing Law further requires that persons engaged in the business of plumbing possess a current Master Plumber license issued by this Board.

W.S.P.S. Endorsement: A Water Supply Protection Specialist (W.S.P.S.) Endorsement is required for all plumbers who install, repair, or maintain Backflow Prevention Assemblies.

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

SIGN AND RETURN WITH ALL APPROPRIATE FEES IN THE FORM OF A CHECK OR MONEY ORDER TO: STATE PLUMBING BOARD OF LOUISIANA
11304 CLOVERLAND AVE.
BATON ROUGE, LA. 70809

LAST NAME		FIRST NAME		MIDDLE INITIAL	SUFFIX
STREET ADDRESS			MAILING ADDRESS / P.O. BOX		
CITY	STATE	ZIP	PARISH		
PHONE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NO. XXX-XX-_____		LMG LICENSE NO	
E-MAIL ADDRESS					
HAVE YOU EVER BEEN CONVICTED OF A FELONY ASSOCIATED WITH THE ART OF PLUMBING? IF YOU ANSWERED YES TO THE ABOVE QUESTION, PLEASE EXPLAIN IN THE SPACE PROVIDED:					YES / NO (CIRCLE ONE)
DID YOU COMPLETE RE-CERTIFICATION AS REQUIRED BY THE STATE PLUMBING BOARD OF LOUISIANA?					YES / NO (CIRCLE ONE)
IF YES PLEASE STATE WHEN AND WHERE AND ATTACH DOCUMENTATION:					

EMPLOYING ENTITY

NAME OF COMPANY OR ORGANIZATION			
EMPLOYER ADDRESS			
EMPLOYER CITY	STATE	ZIP	EMPLOYER PHONE

I certify that all information contained herein is true and accurate.

Signature _____

Date _____

SCHEDULE OF FEES

Medical Gas Piping Installer License Fees	\$ 30.00
Delinquent Fees: (due only if paid after December 31) \$10.00 if paid by March 31 OR \$20.00 if paid after March 31	\$
Processing Charge: charged on all applications and licenses	\$ 10.00
TOTAL: Add the amounts in the column to the right.	\$