



**STATE PLUMBING BOARD  
OF LOUISIANA**

License Year

**2019**

**Master Natural Gas Fitter License Renewal  
ALL INCOMPLETE FORMS WILL BE RETURNED**

REVIEW EACH SECTION CAREFULLY MAKING ANY NECESSARY CHANGES. SIGN AND RETURN WITH ALL APPROPRIATE FEES IN THE FORM OF A CHECK OR MONEY ORDER TO:			STATE PLUMBING BOARD OF LOUISIANA 11304 CLOVERLAND AVENUE BATON ROUGE, LOUISIANA 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. <b>XXX-XX-_____</b>		MNGF LICENSE NO	
E-MAIL ADDRESS					
HAVE YOU EVER BEEN CONVICTED OF A FELONY ASSOCIATED WITH THE ART OF NATURAL GAS? IF YOU ANSWERED YES TO THE ABOVE QUESTION, PLEASE EXPLAIN IN THE SPACE PROVIDED:					YES / NO (CIRCLE ONE)
DID YOU COMPLETE THE REQUIRED CONTINUING EDUCATION HOURS FOR 2019?					YES / NO (CIRCLE ONE)
IF YES PLEASE STATE WHEN AND WHERE:					

**EMPLOYING ENTITY**

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

**TYPE OF BUSINESS (MUST BE COMPLETED BY THE ACTIVE MASTER NATURAL GAS FITTER ONLY — SELECT ONE ORGANIZATION TYPE)**

<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Sole Proprietorship
President		Owner's Name
Vice-President		<input type="checkbox"/> Partnership
Secretary		1) Name of Partner
Treasurer		2) Name of Partner
		3) Name of Partner

**SCHEDULE OF FEES**

Master Natural Gas Fitter License	Check One: <input type="checkbox"/> Active Master Natural Gas Fitter-\$180.00 <input type="checkbox"/> Inactive Master Natural Gas Fitter-\$ 30.00	\$
Delinquent Fees: (If paid after December 31)	Active: \$60.00 if paid by March 31; \$120.00 if paid after March 31 Inactive: \$15.00 if paid by March 31; \$30.00 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.	\$

**CERTIFICATES OF INSURANCE (MUST BE ATTACHED)**

Please include a copy of your current general and vehicle liability, and worker's compensation insurance.

Check If Applicable:  I have completed the Worker's Compensation Affidavit.

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

Signature

Date

## 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.**