



STATE PLUMBING BOARD OF LOUISIANA

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

License Year

2019

Master Plumber License / W.S.P.S Endorsement Renewal

ALL INCOMPLETE FORMS WILL BE RETURNED

PLEASE COMPLETE EACH SECTION. SIGN & 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		
CITY		STATE	ZIP	PARISH	
PHONE NUMBER		DATE OF BIRTH ____/____/____		SOCIAL SECURITY # XXX-XX-____	LMP LICENSE #
EMAIL ADDRESS					
HAVE YOU EVER BEEN CONVICTED 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:					
DID YOU COMPLETE THE REQUIRED CONTINUING EDUCATION HOURS FOR 2019?				YES / NO (CIRCLE ONE)	
IF YES, PLEASE STATE WHEN AND WHERE: _____					
DID YOU COMPLETE THE RECERTIFICATION AS REQUIRED FOR WSPS?				YES / NO (CIRCLE ONE)	
IF YES, PLEASE ATTACH A COPY OF YOUR CERTIFICATION WITH THIS RENEWAL FORM.					

EMPLOYING ENTITY

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

TYPE OF BUSINESS (MUST BE COMPLETED BY THE ACTIVE MASTER PLUMBER ONLY – SELECT ONE ORGANIZATION TYPE)

<input type="checkbox"/> Corporation		<input type="checkbox"/> LLC		<input type="checkbox"/> Sole Proprietorship	
PRESIDENT			OWNER		
VICE PRESIDENT			<input type="checkbox"/> Partnership		
SECRETARY					
TREASURER			PARTNER		

SCHEDULE OF FEES

Master Plumber License CHECK ONE:	<input type="checkbox"/> Active Master Plumber - \$190 <input type="checkbox"/> Inactive Master Plumber - \$40	\$
Delinquent Fees (IF PAID AFTER DECEMBER 31 ST)	Active: \$70 If Paid by March 31, \$140 If Paid After March 31 Inactive: \$25 If Paid by March 31, \$50 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 INCLUDED)

Please include a copy of your current general and vehicle liability, and worker's compensation insurance. If you are exempt from worker's compensation, please complete and include the worker's compensation affidavit.

Any license not renewed for four consecutive years, must be re-examined by the board.

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

Signature _____

Date _____

WORKER'S COMPENSATION AFFIDAVIT

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.

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.

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, _____, License No. _____, am self-employed and I have no employees; therefore, I am exempt from the requirements 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_____.

Signature of Notary

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.