



# STATE PLUMBING BOARD OF LOUISIANA

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

**ATTACH  
2X2  
PHOTO  
HERE**

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

## APPRENTICE REGISTRATION APPLICATION

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APPLICANT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PARISH \_\_\_\_\_

HOME TELEPHONE NO. (\_\_\_\_) \_\_\_\_\_ CELL PHONE NO. (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
MONTH DAY YEAR

CURRENT EMPLOYER \_\_\_\_\_ TELEPHONE NO. (\_\_\_\_) \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

HAVE YOU EVERY 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:

APPRENTICESHIP PROGRAM - I hereby certify that the above named applicant is enrolled in the Apprenticeship Program.

NAME OF TRAINING PROGRAM \_\_\_\_\_ PRINT NAME OF COORDINATOR/TRAINING INSTRUCTOR \_\_\_\_\_

SIGNATURE OF COORDINATOR/TRAINING INSTRUCTOR \_\_\_\_\_ DATE \_\_\_\_\_

Apprentice Registration Fee		<b>\$10.00</b>
Processing Charge	charged on all applications and licenses	<b>\$ 10.00</b>
<b>Total</b>		<b>\$20.00</b>

STATE OF LOUISIANA PARISH OF \_\_\_\_\_

THE APPLICANT, WHOSE NAME IS BEING SWORN, DECLARED THAT THE FOREGOING STATEMENTS SUBSCRIBED TO ARE TRUE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AND THAT HE/SHE PERSONALLY SIGNED THIS APPLICATION AND THAT HE/SHE HAS READ THE STATEMENTS MADE IN THIS APPLICATION AND CAN CONFIRM THE CORRECTNESS OF THESE STATEMENTS.

**I HAVE READ AND SIGNED THE COPY OF INSTRUCTIONS BEFORE COMPLETING THE APPLICATION.**

APPLICANT'S SIGNATURE \_\_\_\_\_

WITNESS \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

NOTARY SEAL

\_\_\_\_\_  
SIGNATURE OF NOTARY