

**2020 RENEWAL FORM**

11304 CLOVERLAND AVENUE

BATON ROUGE, LOUISIANA 70809

PHONE: (225) 756-3434 ⬝ FAX: (225) 756-3433

PLEASE COMPLETE EACH SECTION. ALL INCOMPLETE AND/OR ILLEGIBLE FORMS WILL BE RETURNED. PLEASE SIGN & RETURN THIS DOCUMENT WITH ALL OF THE REQUIRED INSURANCE, CERTIFICATIONS, AND APPROPRIATE FEES IN THE FORM OF A CHECK OR MONEY ORDER PAYABLE TO: STATE PLUMBING BOARD OF LOUISIANA - 11304 CLOVERLAND AVE. BATON ROUGE, LA 70809

**APPLICANT INFORMATION**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_\_ Suffix: \_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the license number for the licenses and/or endorsements you are renewing: APP: \_\_\_\_\_\_\_\_\_ TM: \_\_\_\_\_\_\_\_\_

JP: \_\_\_\_\_\_\_\_\_\_ MP: \_\_\_\_\_\_\_\_\_\_ NGF: \_\_\_\_\_\_\_\_\_\_ MNGF: \_\_\_\_\_\_\_\_\_\_ MG: \_\_\_\_\_\_\_\_\_\_ MGV:\_\_\_\_\_\_\_\_\_\_ LI:\_\_\_\_\_\_\_\_\_\_

Please answer the following questions:

**Have you ever been convicted of a felony associated with the art of plumbing or natural gas?** YES / NO (CIRCLE ONE)

If you answered yes to the above question, please contact the SPBLA office.

**Did you complete the required 2020 Continuing Professional Education hours for the licenses you are renewing? \***

YES / NO (CIRCLE ONE) If yes, please state when and which CPE Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*CPE must be completed BEFORE sending in a renewal form. If you are unsure if you need CPE, please contact our office.

**EMPLOYING ENTITY**

Full Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address (If Different from Mailing): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select the TYPE OF BUSINESS: 🞎 Corporation 🞎 LLC 🞎 Sole Proprietorship 🞎 Partnership

If the company has more than one owner, please indicate all owners in the space provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FEE SCHEDULE ON BACK.**

Please be advised that your renewal form may be returned if you do not pay the appropriate fees and/or if you did not complete the required CPE hours. **All renewals take up to two (2) weeks to process from the date they are received in our office.**

**ALL LICENSES EXPIRE DECEMBER 31ST OF EVERY LICENSE YEAR.**

INSURANCE

**Please ensure that you have included current copies of your General Liability, Vehicle and Workers’ Compensation Insurance certificates with this form. If you are exempt from carrying Workers’ Comp., please complete the Workers’ Comp. Affidavit and submit it with this form.**

FEE SCHEDULE

PLEASE READ CAREFULLY AND INDICATE ALL LICENSES, REGISTRATIONS, AND ENDORSEMENTS YOU WOULD LIKE TO RENEW. PLEASE CONTACT OUR OFFICE WITH ANY QUESTIONS ABOUT THE FEE SCHEDULE. (225) 756-3434

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **License Type**  Please check all that apply. | **Renewal Fee**  **Total** due before any late fees. Processing charge included. | | **1st Late Fee**  **Total** due if renewal is postmarked AFTER Dec. 31, 2019 | **2nd Late Fee**  **Total** due if renewal is postmarked AFTER March 31, 2020 | **Total**  Add totals together at the bottom. |
| WSPS (Landscape Irrigation) | 🞎 | $20 | $30 | $40 |  |
| **For WSPS (LANDSCAPE IRRIGATION):** We must have a copy of your current Irrigation license from the Dept. of Agriculture & Forestry. The license holder is responsible for ensuring that our office has a copy of their most current WSPS re-certification certificate. Please include a copy, if a copy has not already been submitted. | | | | | |
| WSPS (Plumbing) | 🞎 | $10 | $20 | $30 |  |
| **For WSPS ENDORSEMENT holders:** The license holder is responsible for ensuring that our office has a copy of their most current WSPS re-certification certificate. Please include a copy, if a copy has not already been submitted. If you currently have a WSPS certification but you do not pay the fee, your license will be renewed without WSPS. | | | | | |
| Master Plumber  (All companies must have at least one ACTIVE Master) | 🞎 Inactive | $40 | $55 | $70 |  |
| 🞎 Active | $190 | $250 | $310 |  |
| Master Natural Gas Fitter  (All companies must have at least one ACTIVE Master) | 🞎 Inactive | $40 | $55 | $70 |  |
| 🞎 Active | $190 | $250 | $310 |  |
| Journeyman Plumber | 🞎 | $50 | $65 | $80 |  |
| Natural Gas Fitter | 🞎 | $50 | $65 | $80 |  |
| Tradesman Plumber | 🞎 | $40 | $55 | $70 |  |
| Medical Gas Installer | 🞎 | $40 | $50 | $60 |  |
| Medical Gas Verifier | 🞎 | $210 | $275 | $340 |  |
| For MEDICAL GAS INSTALLERS: The license holder is responsible for ensuring their installer and brazing certifications are current with NITC. **For MEDICAL GAS VERIFIERS:** The license holder is responsible for ensuring their verifier certification is current with NITC. | | | | | |
| Apprentice | 🞎 | $20 | $35 | $50 |  |
| For APPRENTICE REGISTRATION HOLDERS: Please provide an official document from the Louisiana Workforce Commission Rapids System showing which program you are registered with along with your enrollment status. Please contact your Apprenticeship Program or Louisiana Workforce Commission to obtain. | | | | | |
| **STATE PLUMBING BOARD OF LOUISIANA**  11304 CLOVERLAND AVENUE  BATON ROUGE, LOUISIANA 70809  PHONE: (225) 756-3434 ⬝ FAX: (225) 756-3433  WWW.SPBLA.COM | | | | | Please add all totals below:  TOTAL  $\_\_\_\_\_\_\_\_\_\_\_\_\_ |