

NATURAL GAS FITTER APPLICATION INSTRUCTIONS

**PLEASE SUBMIT ALL APPLICATIONS TO:**

11304 CLOVERLAND AVENUE

BATON ROUGE, LOUISIANA 70809

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

WWW.SPBLA.COM

**PLEASE READ COMPLETELY**

1. **TO QUALIFY FOR EXAMINATION**: The applicant must hold a current Louisiana Plumbing License and must have performed manual labor of gas fitting in a two (2) year training period under the direct on-the-job supervision of a licensed gas fitter **OR** be registered as an apprentice through the State Plumbing Board and must have performed manual labor of gas fitting in a two (2) year training period under the direct on-the-job supervision of a licensed gas fitter. The applicant **MUST** provide W-2’s or payroll documentation for the two (2) years of training that match the company listed on the voucher(s).
2. Examinations are held in March, June, September and December at the testing facility. Examination dates are subject to change due to conditions beyond the control of the Board.
3. **Applicants are scheduled on a first come first serve basis.** Applicants MUST submit applications no less than thirty (30) days before any scheduled examination.
4. **The examination consists of an 80 question, 3-hour written exam. Reference material necessary to take the exam: International Fuel Gas Code (IFGC) 2012 Edition.**
5. **No applicant should appear for the examination unless they have received a notice from the Board.**  Notices will be mailed directly to the applicant; therefore, it is imperative that the Board have the applicant’s correct mailing address. This notice along with picture I.D. will be required before being allowed to take the exam. If an applicant does not appear for the scheduled examination or cancels less than thirty (30) days prior, the exam fee will be forfeited. If an applicant withdraws an application thirty (30) days prior to the examination, fifty percent (50%) of the examination fee will be retained for administrative costs.
6. **Scores cannot be given over the phone.** Upon passing the examination, an applicant will be notified to complete the appropriate form and return it with a **$50.00 fee** for their first license. Each license holder will be responsible for taking continuing education each year through an approved provider and renewing this license each year with the State Plumbing Board before December 31st to avoid delinquent fees.

**THE APPLICANT MUST SIGN BELOW INDICATING**

**THAT THE ABOVE INSTRUCTIONS HAVE BEEN READ.**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PRINT NAME) have read the instructions to apply for the Natural Gas Fitter Examination and fully understand that the instruction sheet is part of my application and must be signed, dated and returned in order to qualify for the Natural Gas Fitter Examination.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed This Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**PLEASE ATTACH 2x2 PHOTO HERE**

(A Copy of your photo I.D. is Acceptable)

NATURAL GAS FITTER APPLICATION

**PLEASE INDICATE THE LICENSE BEING USED TO APPLY FOR THE EXAM:**

**❑ APPRENTICESHIP – PLEASE PROVIDE YOUR APPRENTICE REGISTRATION NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**❑ JOURNEYMAN PLUMBER – PLEASE PROVIDE YOUR JOURNEYMAN LICENSE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

COMPLETE ALL PORTIONS OF THIS DOCUMENT & RETURN IT WITH THE 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: \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If you answered yes to the above question, please contact the State Plumbing Board.

**EMPLOYING ENTITY**

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

Company Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**APPRENTICE PROGRAM**

**ARE YOU CURRENTLY ENROLLED IN OR HAVE COMPLETED AN APPRENTICE PROGRAM?** ❑ **Enrolled** ❑ **Completed**

Name of Apprenticeship Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF YOU HAVE BEEN REGISTERED WITH STATE PLUMBING BOARD FOR TWO (2) YEARS, YOU DO NOT NEED TO SEND ANY DOCUMENTS. IF YOU HAVE NOT BEEN REGISTERED WITH THE STATE PLUMBING BOARD FOR TWO (2) YEARS, PLEASE PROVIDE AN OFFICIAL DOCUMENT FROM THE LOUISIANA WORKFORCE COMMISSION RAPIDS SYSTEM SHOWING WHICH PROGRAM YOU ARE REGISTERED WITH AND YOUR ENROLLMENT STATUS. PLEASE CONTACT YOUR APPRENTICESHIP PROGRAM OR LOUISIANA WORKFORCE COMMISSION TO OBTAIN.**

**SCHEDULE OF FEES**

|  |  |
| --- | --- |
| Natural Gas Fitter Exam Fee | $125.00 |
| Processing Charge | $10.00 |
| Total | $135.00 |

**VOUCHERS FOR JOURNEYMAN PLUMBERS**

**You MUST show proof of at least two (2) years of working under the authority of a Natural Gas Fitter or Master Natural Gas Fitter.** **All licensed persons completing this affidavit are swearing that you have worked under their authority. All vouchers MUST be accompanied by W-2’s OR payroll documentation that match the company listed on the voucher(s).**

**VOUCHER NO. 1**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Vouched: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Month / Year) (Month / Year)

I am a Natural Gas Fitter/Master Natural Gas Fitter in the State of Louisiana with a current license. The Applicant named herein has worked under my authority in natural gas (as defined in R.S. 37:1377 (I)(J). I certify that all of the information, which I have furnished for the above applicant is correct and true, to the best of my knowledge, and belief, that I have not falsified any of the forgoing information and I recognize that I am subject to lose my gas fitter license for a period of two (2) years for the willful falsification of any of the forgoing information.

Voucher’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VOUCHER NO. 2**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Vouched: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Month / Year) (Month / Year)

I am a Natural Gas Fitter/Master Natural Gas Fitter in the State of Louisiana with a current license. The Applicant named herein has worked under my authority in natural gas (as defined in R.S. 37:1377 (I)(J). I certify that all of the information, which I have furnished for the above applicant is correct and true, to the best of my knowledge, and belief, that I have not falsified any of the forgoing information and I recognize that I am subject to lose my gas fitter license for a period of two (2) years for the willful falsification of any of the forgoing information.

Voucher’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VOUCHER NO. 3**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Vouched: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Month / Year) (Month / Year)

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Voucher’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS PORTION MUST BE NOTARIZED.**

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 THEIR KNOWLEDGE AND BELIEF, THAT THEY PERSONALLY SIGNED THIS APPLICATION, AND THAT THEY HAVE READ THE STATEMENTS MADE IN THIS APPLICATION AND CAN CONFIRM THE CORRECTNESS OF THESE STATEMENTS.

I HAVE READ THE INSTRUCTIONS BEFORE COMPLETING THE APPLICATION.

APPLICANT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME, THIS \_\_\_\_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_\_\_\_

SIGNATURE OF NOTARY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NOTARY SEAL

THIS OATH MUST BE TAKEN BEFORE AN OFFICER AUTHORIZED TO ADMINISTER OATHS.



**PLEASE SUBMIT ALL APPLICATIONS TO:**

11304 CLOVERLAND AVENUE

BATON ROUGE, LOUISIANA 70809

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

WWW.SPBLA.COM

NATURAL GAS FITTER CANDIDATE BULLETIN

**ABOUT NITC**

The National Inspection, Testing and Certification Corporation (NITC) is an internationally recognized third party personnel certification agency. NITC is ISO 9002-94 certified and is an ANSI accredited Certifier-Accreditation Number 0645 in the following scope: Fire sprinkler Fitter Mastery Certification, HVAC Mastery Certification, Journeyman Pipefitting/Steam fitting, Journeyman Plumber, Medical Gas Inspector, Medical Gas Installer, Medical Gas Instructor and Medical Gas Verifier. NITC is non-discriminatory in accepting applications and issuing certifications to candidates regarding membership in any trade, association, union, etc., and is in compliance with all US Federal and State ADA regulations.

EXAMINATION INFORMATION

The State Plumbing Board of Louisiana shall determine if the candidate is qualified to take the license qualification examination. All candidates must complete an application that must be submitted no later than 30 days prior to the scheduled date of the examination. Applications and information regarding eligibility requirements, fees and examination dates are provided by the Licensing Board. The examinations are scheduled for: **MARCH, JUNE, SEPTEMBER and DECEMBER.** The Natural Gas Fitter examinations are conducted at the State Plumbing Board of Louisiana’s testing facility in Baton Rouge, Louisiana at **11304 Cloverland Ave. Baton Rouge, LA. 70809.**

**EXAMINATION RESULTS**

The proctor will ask for proper identification and will instruct the candidates on the proper method of completing the scantron form. A minimum of seventy (70) percent is the required score to pass each examination category. NITC will forward the results of examinations to the Licensing Board within fifteen (15) working days. The licensing Board will mail to the candidate the results of their examination. **DO NOT CALL THE LICENSING BOARD OR NITC REQUESTING RESULTS. TESTING RESULTS WILL NOT BE GIVEN OVER THE TELEPHONE.**

**QUESTION CHALLENGES AND APPEALS PROCEDURE**

Any candidate may challenge, at the conclusion of the written examination, any question(s) by completing the question challenge form that is provided in the proctor’s examination package. Candidates must request the question challenge form from the proctor. The NITC Certification Staff as per Section XI of the NITC Rules and Procedures document shall review any and all challenges. Any candidate may appeal a score of an examination. Appeals shall be filed in writing and received via U.S. Mail, facsimile, or email no later than thirty (30) days from the receipt of the examination score.

**ADMISSION TO THE EXAMINATION**

Once your application is approved, the State Plumbing Board will send you an Admission Letter. This Admission Letter will show the specific exam date, exam starting time, and the location of the testing facility. **NO WALK-IN APPLICANTS WILL BE ADMITTED**. Only pre-registered candidates will be admitted into the examination. If your Admission Letter is lost, or you do not receive an Admission Letter at least two (2) weeks prior to the examination date, contact the State Plumbing Board of Louisiana immediately at (225)756-3434. It is the responsibility of the candidate to notify NITC and the Licensing Board of any changes of address.

**SPECIAL REQUESTS FOR TAKING THE EXAMINATION**

Requests for special consideration for examinations will be accommodated by NITC if possible. Candidates that have a disability that restricts their ability to take a written test under the standard conditions may request special testing arrangements. Such request must accompany the application and must be received by the normal application closing date. The request should indicate the nature of the disability and the special accommodations needed. Verification of both the disability and the need for special accommodations may be required by a licensed medical professional. Thirty (30) days advance notice is required for all considerations.

**WHAT YOU MUST BRING WITH YOU TO THE EXAMINATION**

1. **ADMISSION LETTER** (Will be mailed to you approximately ten (10) days prior to the examination)
2. **PHOTO IDENTIFICATION** (You will not be admitted for the examination without official photo identification.)

You may also bring the following materials to the examination:

1. **INTERNATIONAL FUEL GAS CODE (IFGC) 2012 EDITION** (You may highlight or tag chapters **ONLY**)

Free Viewable Code: <https://codes.iccsafe.org/public/document/toc/354/>

Purchase from ICC: https://shop.iccsafe.org/2012-international-fuel-gas-code-1.html

1. A silent, nonprinting calculator
2. Two, #2 pencils

**WHAT NOT TO BRING WITH YOU TO THE EXAMINATION**

No loose pages, note pads, sticky notes, PDA’s, cellular telephones, wrist watches or any other type of devices that record data are allowed to be used during the examination.

**COPYRIGHT EXAMINATION**

All examinations are the copyright property of the State Plumbing Board of Louisiana. It is against federal law to copy, reproduce, record or distribute, in whole or any part of the examination, without written permission from the State Plumbing Board of Louisiana.

**CONTENT AREAS - 80 QUESTIONS, 3 HOURS**

The Natural Gas Fitter exam is an open book, written exam. Examinations are based on the following content areas. Next to each subject heading is the approximate number of questions and the percent the questions make-up of the examination in the subject area.

|  |  |  |
| --- | --- | --- |
| **NUMBER OF QUESTIONS** | **PERCENT OF EXAMINATION** | **SUBJECT** |
| 32 | 40% | Product Installation Code Knowledge - PI |
| 25 | 31% | System Design and Performance Code Knowledge - SDP |
| 16 | 20% | Fuel Gas and Mechanical Appliance Code and Trade Knowledge - FGM |
| 5 | 6% | Testing, Inspection, Recording, and System Components Knowledge - T |
| 2 | 3% | General Health and Safety Knowledge - HS |
| 80 | 100% | Total Questions on Examination |

**NATURAL GAS FITTER**

**PERMIT FORM**

**NATURAL GAS FITTER PERMIT FEE: $75.00 (THIS FEE IS SEPARATE FROM THE EXAM FEE)**

COMPLETE ALL PORTIONS OF THIS DOCUMENT & RETURN IT WITH THE 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_\_\_\_\_\_\_ Suffix: \_\_\_\_\_\_\_\_\_\_\_\_

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

State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

SSN: \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE:** You must apply, or be currently scheduled, for the Natural Gas Fitter exam in order to apply for a permit. The permit will allow the approved applicant to work as a Natural Gas Fitter until the date of their examination. Applicants are allowed ONE (1) permit per lifetime. After the expiration of the permit, the applicant must return to the direct supervision of a licensed plumber as an apprentice.

APPLICANT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_