



STATE PLUMBING BOARD OF LOUISIANA

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

PLEASE SUBMIT THIS DOCUMENT TO THE SPBLA OFFICE:
11304 CLOVERLAND AVE. BATON ROUGE, LA 70809
PHONE: (225) 756-3434 • FAX: (225) 756-3433
WWW.SPBLA.COM

Certificate of Issuance Form

This form is to be used when changing from Inactive to Active status, Active to Inactive status or changing your employing entities name and/or address. Please attach copies of your General Liability, Vehicle Liability and Workers' Compensation Insurance if the company you are attaching your license to does not already have insurance on file.

- Active to Inactive - \$40.00 Per License
- Inactive to Active- \$160.00 Per License
- Employing Entity Name/Address - \$160.00 Per License

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____
 Mailing Address: _____ City: _____
 State: _____ Zip: _____ Parish: _____ Date of Birth: ____/____/____
 SSN: XXX-XX-_____ Phone: (____) _____ Email: _____

Please check the applicable licenses and list your license number:

JP: _____ MP: _____ MNGF: _____

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: _____

IF YOU ARE CHANGING YOUR COMPANY NAME AND/OR ADDRESS, YOU MUST INCLUDE COPIES OF YOUR INSURANCE THAT REFLECT THE NAME OR ADDRESS CHANGE.

Change Fee	\$
Please note that you are charged per license.	
Total	\$

PLEASE SIGN AND DATE FORM BELOW.

I hereby certify that all information is correct and true.

SIGNATURE: _____ DATE: _____