



STATE PLUMBING BOARD OF LOUISIANA

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

2026 RENEWAL FORM

PLEASE COMPLETE EACH SECTION. ALL INCOMPLETE FORMS WILL BE RETURNED.

CPE MUST BE COMPLETED BEFORE SUBMITTING THIS APPLICATION

THE FEE SCHEDULE IS LOCATED ON THE BACK OF THIS FORM.

IF YOU WANT TO RENEW ONLINE AND PAY WITH A CREDIT CARD, FOLLOW THE LINK: licensee.spbla.com/login

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Parish: _____ Date of Birth: ____/____/____

Last 4 of SSN: _____ Phone: _____ Email: _____

Please provide the license number for the licenses and/or endorsements you are renewing:

APP: _____ RPL: _____ JP: _____ MP: _____ LI: _____

NGF: _____ MNGF: _____ MG: _____ MGVS: _____

PLEASE ANSWER THE FOLLOWING QUESTION:

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.

EMPLOYING ENTITY- *Engaging in the business or art of plumbing and/or gas fitting*

If you are not currently employed or not practicing plumbing or gas in Louisiana select "Not Working In The Trade" for licensing purposes.

☐ Not currently working in the trade

☐ Retired

*Please note: If one of the following boxes above is checked, please leave the rest of this section blank.

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

INSURANCE

All licensees responsible for company operations (Responsible Masters or Journeyman, as applicable), are required to submit current copies of the company's General Liability (\$500,000), Vehicle, and Workers' Compensation insurance certificates with this form or prior to submitting this form. If you are exempt from carrying Workers' Compensation insurance under R.S. 23:1044- Labor and Workers' Compensation Law, please complete the Workers' Compensation Affidavit and submit it with this form.

I hereby certify that all the information provided by me in this renewal form (or any other accompanying or required documents) is correct and accurate. By signing below, I acknowledge that I have read, understand, and agree with the above statements.

Signature: _____ Date: _____

IF YOU WILL BE WORKING IN THE YEAR 2026, YOU MUST RENEW BY DECEMBER 31ST, 2025. IF YOU ARE FOUND WORKING WITH AN EXPIRED LICENSE, THE BOARD IS EMPOWERED TO ASSESS SPECIAL ENFORCEMENT FEES.

All renewals take up to two (2) weeks to process from the date they are received in our office.

PLEASE MAKE ALL CHECKS OR MONEY ORDERS PAYABLE TO SPBLA

Administrative office | 11304 Cloverland Ave Baton Rouge, La 70809 | Phone: 225-756-3434 | Fax: 225-756-3433



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LICENSE FEE SCHEDULE: A \$10.00 processing charge is already included in the listed fees.			
License Type:	Total fees per license if renewed <u>BY</u> December 31 st	Total fees if renewed <u>AFTER</u> December 31 st with the 1 st revival fee included	Total fees if renewed <u>AFTER</u> March 31 st with the 2 nd revival fee included
INACTIVE Master Plumber	\$40	\$55	\$70
ACTIVE Master Plumber	\$190	\$250	\$310
INACTIVE Master Natural Gas Fitter	\$40	\$55	\$70
ACTIVE Master Natural Gas Fitter	\$190	\$250	\$310
Journeyman Plumber	\$50	\$65	\$80
Natural Gas Fitter	\$50	\$65	\$80
Residential Plumber Limited	\$40	\$55	\$70
Medical Gas Installer	\$40	\$50	\$60
Medical Gas Verifier	\$210	\$275	\$340
MEDICAL GAS INSTALLERS: The license holder is responsible for ensuring their installer and brazing certifications are current with NITC. MEDICAL GAS VERIFIERS: The license holder is responsible for ensuring their verifier certification is current with NITC.			
Registrations	Total fees if renewed <u>BY</u> December 31 st	Total fees if renewed <u>AFTER</u> December 31 st with the 1 st revival fee included	Total fees if renewed <u>AFTER</u> March 31 st with the 2 nd revival fee included
Apprentice	\$20	\$35	\$50
All apprentices will be required to submit the most recent paycheck stub along with this renewal form.			
Endorsements	Total fees if renewed <u>BY</u> December 31 st	Total fees if renewed <u>AFTER</u> December 31 st with the 1 st revival fee included	Total fees if renewed <u>AFTER</u> March 31 st with the 2 nd revival fee included
WSPS (Landscape Irrigation)	\$20	\$30	\$40
WSPS (Plumbing)	\$10	\$20	\$30
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 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.			
Please add all combined totals:	\$ _____	\$ _____	\$ _____

PLEASE MAKE ALL CHECKS OR MONEY ORDERS PAYABLE TO SPBLA