



# STATE PLUMBING BOARD OF LOUISIANA

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

## 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 or registering a new company. 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 current insurances on file.

☐ Active to Inactive - \$40.00 **Per License**

☐ Inactive to Active- \$160.00 **Per License**

☐ Employing Entity Name/Address/New Company- \$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

Please Check One:

☐ Registering a new company ☐ Updating company, change of company name/address

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 updating a company's name/address, please provide the previous company name and address:

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

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: \_\_\_\_\_

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