



# STATE PLUMBING BOARD OF LOUISIANA

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

**PLEASE ATTACH 2x2 PHOTO HERE**  
(A Copy of a Photo I.D. Is Acceptable)

## APPRENTICE REGISTRATION APPLICATION

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: \_\_\_\_\_

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

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

### EMPLOYING ENTITY

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

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

### APPRENTICESHIP PROGRAM

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

Please state which year you enrolled in the program: \_\_\_\_\_

**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.**

Apprentice Registration Fee	\$10.00
Processing Charge	\$10.00
<b>Total</b>	<b>\$20.00</b>

**PLEASE NOTE: APPRENTICE REGISTRATIONS MUST BE RENEWED EVERY YEAR!**

**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.**