

# STATE PLUMBING BOARD OF LOUISIANA

Administrative Office: 11304 CLOVERLAND AVENUE, BATON ROUGE, LOUISIANA 70809

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

## MASTER NATURAL GAS FITTER PRE-QUALIFICATION APPLICATION



**PLACE  
PHOTO  
HERE**

**INSTRUCTIONS FOR SUBMITTING YOUR APPLICATION:**

- 1.) Your **APPLICATION MUST BE COMPLETE AND NOTARIZED**. An incomplete form will result in a delay in processing.
- 2.) Place a 2" x 2" photograph in the upper right hand corner of the front of this form.
- 3.) Include a copy of a current Master Gas Fitter license from a municipality or parish government, OR include a copy of a current State Licensing Board for Contractors Mechanical Work (Statewide) License, OR submit a notarized affidavit along with three copies of invoices stating that you performed gas fitting work.
- 5.) Include a copy of current General Liability Certificate, Worker's Compensation and Service Vehicle Liability Insurance. (State Plumbing Board of LA 11304 Cloverland Avenue, Baton Rouge, LA 70809 **MUST** be listed as a certificate holder.
- 4.) Include a check or money order made out to the State Plumbing Board of LA in the amount of \$190.

NAME \_\_\_\_\_  
**(PLEASE PRINT)                      LAST    FIRST    MIDDLE**

ADDRESS \_\_\_\_\_  
**NUMBER    STREET    CITY    STATE    ZIP CODE**

PARISH \_\_\_\_\_ SOC.SEC.NO. \_\_\_\_\_ - - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

PLUMBING LICENSE NO. \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

EMPLOYING ENTITY \_\_\_\_\_ BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_  
**(NAME OF COMPANY)**

ADDRESS \_\_\_\_\_  
**NO.    STREET    CITY    STATE    ZIP CODE**

**PLEASE CHECK ONE:**                      SOLE PROPRIETORSHIP ( )                      PARTNERSHIP ( )                      CORPORATION ( )                      LLC ( )

Master Natural Gas Fitter License	Check One: <input type="checkbox"/> Active Master Natural Gas Fitter -\$180.00 <input type="checkbox"/> Inactive Master Natural Gas Fitter-\$ 30.00	\$
<b>charged on all applications and licenses</b>		<b>\$ 10.00</b>
<b>Processing Charge</b>	Add the amounts in the column to the right.	\$

STATE OF LOUISIANA PARISH OF \_\_\_\_\_

I, \_\_\_\_\_ hereby apply to the State Plumbing Board of Louisiana for a Natural Gas Fitter license as indicated by completing the required application. I agree to abide by the Louisiana State Plumbing Law and Rules and Regulations of the Board, pay all the necessary fees and submit timely as required in the regulations. I certify that the information submitted on this application is true and correct to the best of my knowledge.

**I HAVE READ AND SIGNED THE COPY OF INSTRUCTIONS BEFORE COMPLETING THE APPLICATION.**

APPLICANT'S SIGNATURE \_\_\_\_\_

WITNESS \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

**NOTARY  
SEAL**

\_\_\_\_\_  
SIGNATURE OF NOTARY

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

# AFFIDAVIT OF NATURAL GAS EXPERIENCE

STATE OF LOUISIANA PARISH OF \_\_\_\_\_

**PRINT OR TYPE NAME OF APPLICANT**

\_\_\_\_\_, Personally came and appeared before me the undersigned Notary,  
who after being duly sworn did depose and state as follows:

- 1.) The undersigned applicant for application as a master natural gas fitter by the Louisiana State Plumbing Board submits this affidavit pursuant to the provisions of LA. R.S. 37:1366 (D) for the purpose of certifying his work experience in the field of plumbing.
- 2.) The undersigned applicant is aware of the provisions of the law, particularly LA. R.S. 37:1378 (A) (2), which states that the Plumbing Board may revoke, suspend, or refuse to renew a natural gas fitter or master natural gas fitter license or both, of any person who falsifies any material portion of that person's application for a license to the Board.
- 3.) Undersigned applicant hereby states that he/she was a licensed mater plumber prior to July 1, 2016 and has preformed master natural gas fitter work by the following employer in the periods so stated, performing natural gas work as described:

COMPANY NAME _____	PHONE NO. _____		
ADDRESS _____			
STREET	CITY	STATE	ZIP CODE
EMPLOYMENT: FROM _____		TO _____	
MONTH	YEAR	MONTH	YEAR
DESCRIPTION OF MASTER NATURAL GAS WORK:			
_____			
_____			

Signature \_\_\_\_\_  
APPLICANT'S NAME

SWORN TO AND SUBSCRIBED BEFORE THE UNDERSIGNED NOTARY PUBLIC,

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

**NOTARY  
SEAL**

\_\_\_\_\_

All Master Natural Gas Fitters must show proof of **GENERAL LIABILITY, WORKER'S COMPENSATION AND SERVICE VEHICLE LIABILITY INSURANCE with the Board's office**. Certificates of Insurance that do not stipulate a termination of coverage date (i.e., continuous, continuous until canceled, etc.) will be accepted for the current license year only. **State Plumbing Board of Louisiana must be listed as certificate holder on the insurance certificate.** **NOTE:** A copy of the proof of insurance card for each service vehicle may be submitted in lieu of a certificate for vehicle liability coverage. **If you are self-employed and have no employees the completion and notarization of the following affidavit will suffice for a worker's compensation certificate.** The affidavit will expire upon change of requirement status or on December 31 of the license year, whichever is greater.

**Job Site and Service Vehicle Signs—Required Information:** Company Name, Address, Telephone Number, and License Number. The lettering must be at least 2" high and service vehicle signs must be permanent—no magnetic signs. The preceding information must appear in all advertising, business cards, letterhead, etc.

For additional information contact the State Plumbing Board of Louisiana, 11304 CLOVERLAND AVE. BATON ROUGE, LA. 70809. The phone number is (225) 756-3434 and the fax number is (225) 756-3433.

**INSURANCE REQUIREMENTS**

I, \_\_\_\_\_, MNGF # \_\_\_\_\_, am self employed and I have no employees; therefore, I am exempt from the requirement to carry worker's compensation insurance. If in the future, I should hire any employees, I will obtain worker's compensation insurance coverage and submit a certificate of insurance to the State Plumbing Board immediately.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Signature of Notary

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