



2023 RENEWAL FORM
11304 CLOVERLAND AVENUE
BATON ROUGE, LOUISIANA 70809
PHONE: (225) 756-3434 • FAX: (225) 756-3433

PLEASE COMPLETE EACH SECTION. ALL INCOMPLETE FORMS WILL BE RETURNED. SIGN & RETURN THIS DOCUMENT WITH THE APPROPRIATE FEES IN THE FORM OF A CHECK OR MONEY ORDER MADE PAYABLE TO: SPBLA THE FEE SCHEDULE IS LOCATED ON THE BACK OF THIS FORM.

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: _____ TM: _____ JP: _____ MP: _____ LI: _____
NGF: _____ MNGF: _____ MG: _____ MG: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

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.
Did you complete the required 2023 Continuing Professional Education hours? YES / NO (CIRCLE ONE)
*If you are unsure if you need CPE, please contact the SPBLA office.

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

I am not currently employed by a company 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 company owners are required to submit current copies of the company's **General Liability, Vehicle, and Workers' Compensation insurance** certificates with this form or prior to submitting this form. If you are exempt from carrying Workers' Compensation insurance, 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 to the above statements.

Signature: _____ Date: _____

IF YOU WILL BE WORKING IN THE YEAR 2023, YOU MUST RENEW BY DECEMBER 31ST, 2022. 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.

FEE SCHEDULE: \$10.00 processing charge included in the listed fees.

LICENSES			
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
Tradesman Plumber	\$40	\$55	\$70
Medical Gas Installer	\$40	\$50	\$60
Medical Gas Verifier	\$210	\$275	\$340
<p><u>MEDICAL GAS INSTALLERS:</u> The license holder is responsible for ensuring their installer and brazing certifications are current with NITC.</p> <p><u>MEDICAL GAS VERIFIERS:</u> The license holder is responsible for ensuring their verifier certification is current with NITC.</p>			
REGISTRATIONS			
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
ENDORSEMENTS			
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
<p>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.</p> <p>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.</p>			
Please add all combined totals:	\$ _____	\$ _____	\$ _____