STATE PLUMBING BOARD OF LOUISIANA

Master Plumber License / W. S. P. S. Endorsement Renewal

ALL INCOMPLETE FORMS WILL BE RETURNED

License Year
2012

COMPLETE EACH SECTION. SIGN AND RETURN WITH ALL APPROPRIATE FEES IN THE FORM OF A CHECK OR MONEY ORDER TO:

STATE PLUMBING BOARD OF LOUISIANA
12497 AIRLINE HIGHWAY
BATON ROUGE, LA. 70817 (225) 756-3434

LAST NAME	FIRST NAME	MIDDLE INITIAL

STREET ADDRESS	MAILING ADDRESS / P.O. BOX

CITY	STATE	ZIP	PARISH

PHONE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NO.	LMP LICENSE NO

E-MAIL ADDRESS

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 EXPLAIN IN THE SPACE PROVIDED:

_____

DID YOU COMPLETE THE REQUIRED CONTINUING EDUCATION HOURS FOR 2012? **YES / NO (CIRCLE ONE)**

IF YES PLEASE STATE WHEN AND WHERE:_____

EMPLOYING ENTITY

NAME OF COMPANY OR ORGANIZATION

EMPLOYER ADDRESS

EMPLOYER CITY	STATE	ZIP	EMPLOYER PHONE

TYPE OF BUSINESS (MUST BE COMPLETED BY THE ACTIVE MASTER PLUMBER ONLY —SELECT ONE ORGANIZATION TYPE)

☐ Corporation ☐ LLC	☐ Sole Proprietorship
President	Owner's Name
Vice-President	☐ Partnership
Secretary	1) Name of Partner
Treasurer	2) Name of Partner
	3) Name of Partner

SCHEDULE OF FEES

Master Plumber License and W.S.P.S. Endorsement Fees	Check One: ☐ Active Master Plumber-$190.00 ☐ Inactive Master Plumber-$ 40.00	$
Delinquent Fees: (If paid after December 31)	Active: $70.00 if paid by March 31; $140.00 if paid after March 31 Inactive: $25.00 if paid by March 31; $50.00 if paid after March 31	$
Processing Charge	**charged on all applications and licenses**	**$ 10.00**
Total	Add the amounts in the column to the right.	**$**

CERTIFICATES OF INSURANCE—SEE REVERSE (*MUST BE ATTACHED*)

☐ I **have attached** a certificate of insurance for each required coverage.

Check If Applicable: ☐ I have completed the Worker's Compensation Affidavit on the reverse side of this form.

I certify that all information contained herein is true and correct.

Signature _____ Date _____

Inactive Master Plumber: Inactive Master Plumber Licenses must be renewed annually. The Inactive Master Plumber license entitles the licensee to the same privileges as a Journeyman Plumber. ALL WORKING MASTER PLUMBERS (ACTIVE OR INACTIVE) MUST INDICATE THE EMPLOYING ENTITY ON REVERSE. Failure to renew for an entire year will require payment of a special revival fee. Failure to renew for four consecutive years will require the Master Plumber to retake the Master Plumber examination.

W.S.P.S. Endorsement: A Water Supply Protection Specialist (W.S.P.S.) Endorsement is required for all plumbers and Landscape Irrigation Contractors who install, repair, or maintain Backflow Prevention Assemblies.

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, 12497 Airline Highway, Louisiana 70817. The phone number is (225) 756-3434 and the fax number is (225) 756-3433.

INSURANCE REQUIREMENTS

ALL ACTIVE MASTER PLUMBERS are required to maintain current Certificates of Insurance demonstrating coverage for 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 certificate. The affidavit will expire upon change of requirement status or on December 31 of the license year, whichever is greater.

I, _____ , LMP _____ , 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