



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 your photo I.D. is Acceptable)

MEDICAL GAS INSTALLERS LICENSE 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

Please include proof of completion of a medical gas training course meeting the criteria as ASSE Series 6000, Standard 6010 and proof that your brazing performance qualifications are current with the third-party provider. Should you withdraw your application after we have begun processing it, 50% of the license fee will be retained by the board for administrative costs.

Any person possessing a restricted Master Plumber License, who is also licensed by the board as a medical gas piping installer, shall not be restricted geographically with respect to his work or business as a medical gas piping installer. However, the restrictions applicable to his restricted Master Plumber License shall remain in effect.

A medical gas piping installer shall, as a condition of licensing under these regulations, maintain his brazer performance qualification in accordance with NFPA 99C Gas and Vacuum Systems, latest edition.

Any person, who at any time is cited by the board for working as a medical gas piping installer without possessing the necessary license issued by the board, shall be subject to a special enforcement fee as a precondition to any subsequent licensing of any nature. The fee shall be addition to the regular fees accessed by the board.

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 medical gas? YES / NO (CIRCLE ONE)

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

Have you ever been licensed by the State Plumbing Board? YES / NO (CIRCLE ONE)

If YES, list the type of license(s): _____

Medical gas and other Pipe Trades Experience, No. of Years: _____

Have you completed a medical gas training course? YES / NO (CIRCLE ONE)

Course Administered by: _____

Results: Passed _____ Failed _____ Date of Course: _____

SCHEDULE OF FEES

Medical Gas Installer License Fee	\$30.00
Processing Charge	\$10.00
Total	\$40.00

PIPE TADES WORK EXPERIENCE

R.S. 1367 (F)...Medical Gas Piping Installation is the work or business of installing in buildings and premises used solely to transport gases for medical purposes...

CURRENT EMPLOYER:

Full Company Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employed from: _____ to _____
(Month / Year) (Month / Year)

Description of work: _____
Supervisor: _____

PREVIOUS EMPLOYER:

Full Company Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employed from: _____ to _____
(Month / Year) (Month / Year)

Description of work: _____
Supervisor: _____

PREVIOUS EMPLOYER:

Full Company Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employed from: _____ to _____
(Month / Year) (Month / Year)

Description of work: _____
Supervisor: _____

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.