



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 AND VACUUM SYSTEMS VERIFIER 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

Medical Gas and Vacuum Systems Verifier License: Louisiana Medical Gas and Vacuum Systems Verification law (LA R.S. 37:1361 et seq.) requires that persons engaged in the work or business of testing and verifying medical gas and vacuum pipeline installations and systems shall possess a license of renewal thereof issued by the State Plumbing Board of Louisiana. Your license will expire on December 31 of the license year.

The medical gas and vacuum pipeline systems subject to definition include facilities and laboratories within the scope of Standard Health Care Facilities (ANSI) NFPA 99, latest edition. It shall include a person's ability to understand and apply NFPA 99, as well as all the standards listed in Section 1.4 of the Professional Qualifications Standard for Medical Gas Systems Installers, Inspections and Verifiers, ASSE Series 6000, Standard 6030, and to properly document findings to be kept as permanent record for review by the Louisiana State Fire Marshall or other government agencies with compliance and enforcement authority.

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: _____ When did this experience begin? _____

Have you been certified as a medical gas and vacuum systems verifier? YES / NO (CIRCLE ONE)

Course Administered by: _____

Results: Passed _____ Failed _____ Date of Course: _____

SCHEDULE OF FEES

Medical Gas and Vacuum Systems Verifier License Fee	\$200.00
Processing Charge	\$10.00
Total	\$210.00

PIPE TRADES WORK EXPERIENCE

CURRENT EMPLOYER:

Full Company Name: _____ Phone: _____

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

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

Supervisor: _____

PREVIOUS EMPLOYER:

Full Company Name: _____ Phone: _____

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

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

Supervisor: _____

PREVIOUS EMPLOYER:

Full Company Name: _____ Phone: _____

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

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

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.