

## **APPEAL REQUEST**

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## PLEASE RETURN THIS FORM WITH ALL OF THE NECESSARY DOCUMENTS TO THE STATE PLUMBING BOARD OF LOUISIANA.

CONTACT INFORMATION			
Last Name:	First Name:	Middle Initial:	Suffix:
Mailing Address:		City:	
State: Zip:	Phone: ()	License #:	
Email:			
Please check the department your appe	eal pertains to: 🗖 Apprentice/Tradesm	an/Journeyman Dept. 🗖 Maste	er Plumber Dept
☐ Natural Gas/Medical Gas Dept. ☐ E	nforcement Dept. 🚨 Other		
Please explain why you are appealing:			
PLEASE ATTACH COPIES OF AN	Y RELATED DOCUMENTS YOU WI	LL BE USING TO SUBSTANT	TIATE YOUR
APPEAL TO THIS FORM. OUR OFF	ICE MUST RECEIVE ALL DOCUME	NTS NO LATER THAN 10 DA	AYS PRIOR TO
THE BOARD MEETING. ONCE	THE REQUEST IS RECEIVED, OUR (	OFFICE WILL MAIL A NOTIC	E TO YOU.
Signature:		Date:	

## Please use for additional information

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