STATE PLUMBING BOARD OF LOUISIANA

"From Hospital to Home, Your Health Depends on Proper Plumbing — A Cornerstone of Public Health"

APPEAL REQUEST

11304 CLOVERLAND AVE. BATON ROUGE, LA 70809
PHONE: (225) 756-3434 · FAX: (225) 756-3433
WWW.SPBLA.COM

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 appeal pertains to: ❑ Apprentice/Tradesman/Journeyman Dept. ❑ Master Plumber Dept. ❑ Natural Gas/Medical Gas Dept. ❑ Enforcement Dept. ❑ Other

Please explain why you are appealing:

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PLEASE ATTACH COPIES OF ANY RELATED DOCUMENTS YOU WILL BE USING TO SUBSTANTIATE YOUR APPEAL TO THIS FORM. OUR OFFICE MUST RECEIVE ALL DOCUMENTS NO LATER THAN 10 DAYS PRIOR TO THE BOARD MEETING. ONCE THE REQUEST IS RECEIVED, OUR OFFICE WILL MAIL A NOTICE TO YOU.

Signature: _____ Date: _____

Please use for additional information