



# STATE PLUMBING BOARD OF LOUISIANA

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

PLEASE SUBMIT THIS DOCUMENT TO THE SPBLA OFFICE:  
11304 CLOVERLAND AVE. BATON ROUGE, LA 70809  
PHONE: (225) 756-3434 • FAX: (225) 756-3433  
WWW.SPBLA.COM

## Certificate of Issuance Form

This form is to be used when changing from Inactive to Active status, Active to Inactive status or changing your employing entities name and/or address. Please attach copies of your General Liability, Vehicle Liability and Workers' Compensation Insurance if the company you are attaching your license to does not already have insurance on file.

- Active to Inactive - \$40.00 Per License
- Inactive to Active- \$160.00 Per License
- Employing Entity Name/Address - \$160.00 Per License

### APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Parish: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 SSN: XXX-XX-\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Please check the applicable licenses and list your license number:

JP: \_\_\_\_\_  MP: \_\_\_\_\_  MNGF: \_\_\_\_\_

### EMPLOYING ENTITY

Full Company Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Parish: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Physical Address (If Different from Mailing): \_\_\_\_\_

Please select the TYPE OF BUSINESS:  Corporation  LLC  Sole Proprietorship  Partnership

If the company has more than one owner, please indicate all owners in the space provided: \_\_\_\_\_

IF YOU ARE CHANGING YOUR COMPANY NAME AND/OR ADDRESS, YOU MUST INCLUDE COPIES OF YOUR INSURANCE THAT REFLECT THE NAME OR ADDRESS CHANGE.

<b>Change Fee</b>	<b>\$</b>
<b>Please note that you are charged per license.</b>	
<b>Total</b>	<b>\$</b>

### PLEASE SIGN AND DATE FORM BELOW.

I hereby certify that all information is correct and true.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_