



STATE PLUMBING BOARD OF LOUISIANA

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

APPRENTICE REGISTRATION APPLICATION

PLEASE COMPLETE EACH SECTION. ALL INCOMPLETE FORMS WILL BE RETURNED.

Please indicate below which type of apprentice you will be.

Indentured Unindentured

INDENTURED – an apprentice that is actively enrolled in an approved apprenticeship program and of the employment of an entity with a licensed Master performing the art of plumbing and/or natural gas fitter.

UNIDENTURED – an apprentice that is of the employment of an entity with a licensed Master performing the art of plumbing and/or natural gas fitter.

APPLICANT INFORMATION

Last Name: _____ First Name: _____ MI: _____ Suffix: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Parish: _____ Date of Birth: ____/____/____

SSN: ____-____-____ Phone: (____) _____ Email: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Have you ever been convicted of a felony associated with the art of plumbing or natural gas? YES / NO (CIRCLE ONE)

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

EMPLOYING ENTITY

Company Name: _____ Phone: (____) _____

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

IF ENROLLED IN AN APPRENTICESHIP PROGRAM

Name of Apprenticeship Program: _____

SCHEDULE OF FEES

Please submit a check or money order payable to SPBLA.

Apprentice Registration Fee	\$10.00
Processing Charge	\$10.00
Total	\$20.00

PLEASE NOTE: APPRENTICE REGISTRATIONS MUST BE RENEWED EVERY YEAR!

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 _____

NOTARY SEAL

SIGNATURE OF NOTARY: _____

THIS OATH MUST BE TAKEN BEFORE AN OFFICER AUTHORIZED TO ADMINISTER OATHS.