



# STATE PLUMBING BOARD OF LOUISIANA

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

**PLEASE ATTACH A 2x2 PHOTO HERE**

(A Copy of a Photo I.D. Is Acceptable)

## WATER SUPPLY PROTECTION SPECIALIST ENDORSEMENT APPLICATION

Please check the license that the endorsement is to be issued for:

- PLUMBING LICENSE (MP/JP ONLY)     LANDSCAPE IRRIGATION CONTRACTOR

Upon successfully completing an approved training program and passing the Water Supply Protection Specialists examination, this application must be completed, properly signed and witnessed before a Notary Public in the affidavit so provided at the bottom of the application.

1. Licensed Plumbers shall provide a copy of their initial tester certification along with this application.
2. Landscape Irrigation Contractors shall provide a copy of their current Landscape Irrigation Contractors' license issued by the Louisiana Department of Agriculture and Forestry and a copy of their current tester certification.

You are required to provide a certificate of completion of W.S.P.S training from a program that has been approved by the State Plumbing Board. **Return this application to our office with a check or money order for \$20.00 and a 2X2 photograph**, which will be attached to your application for identification purposes. Should you withdraw your application after we have begun processing it, fifty percent (50%) of the endorsement fee will be retained for administrative costs.

**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**

### 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 plumbing?** YES / NO (CIRCLE ONE)

If yes, please contact the Plumbing Board.

Plumbing License #: \_\_\_\_\_ Landscape Irrigation License #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Have you completed a W.S.P.S. training course? YES / NO (CIRCLE ONE) Date course completed: \_\_\_\_\_

Exam was administered by: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### THIS PORTION MUST BE NOTARIZED.

STATE OF LOUISIANA, PARISH OF \_\_\_\_\_.

**I HAVE READ THE INSTRUCTIONS BEFORE COMPLETING THE APPLICATION.**

APPLICANT'S SIGNATURE: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME, THIS \_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

NOTARY

SIGNATURE OF NOTARY: \_\_\_\_\_

SEAL

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