**2025 AFFIDAVIT OF CONTINUING PROFESSIONAL EDUCATION EXEMPTION**

**PLEASE NOTE: THIS FORM DOES NOT EXEMPT YOU FROM RENEWING YOUR LICENSE AND SHALL ONLY BE USED BY THE LICENSE HOLDER THAT IS APPLYING FOR A NON-WORKABLE LICENSE FOR THE 2025 LICENSING YEAR.**

**If at any time during the 2025 license year, you need a workable license, you will need to contact the SPBLA office.**

**If you are found performing the art of plumbing and/or gas fitting work without the proper CPE hours, you will be in violation of LAC 46:1001 & 1002.**

**YOU MUST SUBMIT A RENEWAL FORM ALONG WITH THIS AFFIDAVIT.**

**APPLICANT INFORMATION**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suffix: \_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ Parish:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check all licenses this affidavit applies to and provide the license number for each:**

❑ TM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ JP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ MP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ NGF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ MNGF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BY SIGNING THIS AFFIDAVIT, YOU ARE HEREBY REVOKING ALL RIGHTS TO PERFORM ANY PLUMBING AND/OR NATURAL GAS FITTING WORK IN THE STATE OF LOUISIANA FOR THE 2025 LICENSING YEAR.

(JANUARY 1, 2025 – DECEMBER 31, 2025)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_