**2025 RENEWAL FORM**

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

**\*CPE MUST BE COMPLETED BEFORE SUBMITTING THIS APPLICATION\***

**THE FEE SCHEDULE IS LOCATED ON THE BACK OF THIS FORM.**

**APPLICANT INFORMATION**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_\_ Suffix: \_\_\_\_\_\_

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

State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_ Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the license number for the licenses and/or endorsements you are renewing:

APP: \_\_\_\_\_\_\_\_\_\_\_\_ RPL: \_\_\_\_\_\_\_\_\_\_\_ JP: \_\_\_\_\_\_\_\_\_\_\_\_ MP: \_\_\_\_\_\_\_\_\_\_\_ LI: \_\_\_\_\_\_\_\_\_\_\_

NGF: \_\_\_\_\_\_\_\_\_\_\_\_ MNGF: \_\_\_\_\_\_\_\_\_\_ MG: \_\_\_\_\_\_\_\_\_\_\_ MGV: \_\_\_\_\_\_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTION:**

**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 SPBLA office.

**EMPLOYING ENTITY*-*** *Engaging in the business or art of plumbing and/or gas fitting*

⬜ Not currently working in the trade. ⬜ Retired

\*Please note: If one of the following boxes above is checked, please leave the rest of this section blank.

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

## INSURANCE

All company owners are required to submit current copies of the company’s General Liability ($500,000), Vehicle, and Workers’ Compensation insurance certificates with this form or prior to submitting this form. If you are exempt from carrying Workers’ Compensation insurance under R.S. 23:1044- Labor and Worker’s Compensation Law, please complete the Workers’ Compensation Affidavit and submit it with this form.

I hereby certify that all the information provided by me in this renewal form (or any other accompanying or required documents) is correct and accurate. By signing below, I acknowledge that I have read, understand, and agree to the above statements.

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

IF YOU WILL BE WORKING IN THE YEAR 2025, YOU MUST RENEW BY DECEMBER 31ST, 2024. IF YOU ARE FOUND WORKING WITH AN EXPIRED LICENSE, THE BOARD IS EMPOWERED TO ASSESS SPECIAL ENFORCEMENT FEES.

**All renewals take up to two (2) weeks to process from the date they are received in our office.**

**\*PLEASE MAKE ALL CHECKS OR MONEY ORDERS PAYABLE TO SPBLA\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LICENSE FEE SCHEDULE: A $10.00 processing charge is already included in the listed fees.** | | | | | |
| **License Type:** | **Total fees per license if renewed BY December 31st** | | | **Total fees if renewed AFTER December 31st with the 1st revival fee included** | **Total fees if renewed AFTER March 31st with the 2nd revival fee included** |
| **INACTIVE** Master Plumber | $40 | | | $55 | $70 |
| **ACTIVE** Master Plumber | $190 | | | $250 | $310 |
| **INACTIVE** Master Natural Gas Fitter | $40 | | | $55 | $70 |
| **ACTIVE** Master Natural Gas Fitter | $190 | | | $250 | $310 |
| Journeyman Plumber | $50 | | | $65 | $80 |
| Natural Gas Fitter | $50 | | | $65 | $80 |
| Residential Plumber Limited | $40 | | | $55 | $70 |
| Medical Gas Installer | $40 | | | $50 | $60 |
| Medical Gas Verifier | $210 | | | $275 | $340 |
| **MEDICAL GAS INSTALLERS**: The license holder is responsible for ensuring their installer and brazing certifications are current with NITC.  **MEDICAL GAS VERIFIERS:** The license holder is responsible for ensuring their verifier certification is current with NITC. | | | | | |
| **Registrations** | **Total fees if renewed BY December 31st** | | | **Total fees if renewed AFTER December 31st with the 1st revival fee included** | **Total fees if renewed AFTER March 31st with the 2nd revival fee included** |
| **Apprentice** | $20 | | | $35 | $50 |
| **All apprentices will be required to submit the most recent paycheck stub along with this renewal form.** | | | | | |
| **Endorsements** | **Total fees if renewed BY December 31st** | | | **Total fees if renewed AFTER December 31st with the 1st revival fee included** | **Total fees if renewed AFTER March 31st with the 2nd revival fee included** |
| WSPS (Landscape Irrigation) | $20 | | | $30 | $40 |
| WSPS (Plumbing) | $10 | | | $20 | $30 |
| **WSPS (LANDSCAPE IRRIGATION):** We must have a copy of your current Irrigation license from the Dept. of Agriculture & Forestry. The license holder is responsible for ensuring that our office has a copy of their most current WSPS re-certification certificate. Please include a copy if a copy has not already been submitted. | | | | | |
| **WSPS ENDORSEMENT holders:** The license holder is responsible for ensuring that our office has a copy of their most current WSPS re-certification certificate. Please include a copy if a copy has not already been submitted. If you currently have a WSPS certification but you do not pay the fee, your license will be renewed without WSPS. | | | | | |
| **Please add all combined totals:** | | **$\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_** | | **$\_\_\_\_\_\_\_\_** |

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