



STATE PLUMBING BOARD OF LOUISIANA

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

This form is to be used when requesting a duplicate license.

Duplicate License Form

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

Please check the applicable licenses and list your license number

- Master Plumber: License No. _____
- Journeyman Plumber: License No. _____
- Apprentice: Registration No. _____
- Tradesman: License No. _____
- Master Natural Gas Fitter: License No. _____
- Natural Gas Fitter: License No. _____
- Medical Gas Installer: License No. _____
- Medical Gas Verifier: License No. _____
- WSPS Endorsement: License No. _____

APPLICANT INFORMATION

Last Name: _____ First Name: _____ MI: _____ Suffix: _____
 Mailing Address: _____ City: _____
 State: _____ Zip: _____ Parish: _____ Date of Birth: ____/____/____
 SSN: XXX-XX-_____ Phone: (____) _____ Email: _____

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: _____

Change Fee - \$20 per license type (\$10 license fee + \$10 processing charge)	\$
Total	\$

I hereby certify that all information herein is correct and true.

SIGNATURE: _____

DATE: _____