

State of New Hampshire office of professional licensure and certification DIVISION OF LICENSING AND BOARD ADMINISTRATION

7 Eagle Square, Concord, NH 03301 Phone: 603-271-2152

Fees:			OFFICE USE ONLY	
Sole Licensure: N 1-5 Employees: \$ 6-20 Employees: \$ 21+ Employees: \$ Renewal fee for 2 Reinstatement: \$	190 \$300 \$460 21+: \$450		Amount: Check # CC Auth #: MBE # Exp.:	
	MECHANICAL	BUSINESS ENTITY APPLIC	ATION	
	RENE	WAL INITIAL		
GAS	PLUMBING	GAS & PLUMBING	DOMESTIC APPLIANCE	
HEARTH	DOMESTIC APPLIANCE	GAS SOLE LICENSEE	PLUMBING SOLE LICENSEE	
BUSINESS NAN	МЕ:		·····	
Physical Address:		Mailing Address:		
City/Town:		City/Town:		
State:	Zip Code:	State:	Zip Code:	
Telephone:		Email:		
RESPONSIBLE	MANAGING EMPLOYEE			
Technician, Hear			nsed Master Plumber, Fuel Gas Service Some companies may have one Master	
Name of Fuel Ga	s Responsible Managing Employe	e:	License #:	
Name of Plumbin	ng Responsible Managing Employ	ee:	License #:	
Total Number of Licensed Employees:		Total Number of Apprentices / Trainees:		

PLEASE ATTACH A LIST OF THE BUSINESS ENTITIES EMPLOYEES AND THEIR LICENSE NUMBER OR REGISTRATION NUMBER



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"I acknowledge that under RSA 641:3, knowingly making a false statement on this application form is a misdemeanor. I certify that the information I have provided on the application form is complete and accurate to the best of my knowledge and belief.