

___ PLUMBING APPRENTICE APPLICATION ___ FUEL GAS FITTER TRAINEE

Last Name: _____ First Name: _____

APPRENTICE / TRAINEE APPLICATION CHECK LIST

BOTH APPLICANT TYPES REQUIRED SUPPORTING DOCUMENTS

- Fee made out to the "State of NH - Treasury"
- Email must be included
- Proof of positive Identification of one of the following:
 - A. State Driver's License or ID card with photo embossed in the document; or
 - B. Photocopy of the applicant's current passport ID displaying the embossed photo of the applicant; or
 - C. Photocopy of any other type of government ID card that displays the applicants name, date of birth, facial features embossed on the document.
- Apprentice/Trainee Endorsement letter completed and signed by both the applicant and the master and/or gas sponsor

PLUMBING APPRENTICE REGISTRATION APPLICATION ONLY

- A completed apprenticeship agreement as signed and authorized by the US Department of Labor for the NH Plumbing Apprentice Program must be submitted with all apprentice applications.



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
Gas Fitter: \$190
Master: \$310
Journeyman: \$190
Domestic Appliance: \$170
Apprentice/ Trainee: \$90 /Ea.

INITIAL APPLICATION FOR LICENSE

Service Tech Installation Tech Piping Installer Domestic Appliance Tech
Master Plumb. Journeyman Plumb. Hearth Installer Apprentice Gas Trainee

Last Name: _____ **First Name:** _____ **MI:** _____ **Suffix:** _____

Maiden Name/Alias: _____ **Date of Birth:** _____ **SS#:** _____

**Per RSA 161-B:11; The Mechanical Board is required to obtain your Social Security Number for the purpose of child support enforcement. Except for its use in child support enforcement, your Social Security Number will not be used by the Mechanical Licensing Board and will be held confidential. **

Physical Address: _____ **Mailing Address:** _____

City/Town: _____ **City/Town:** _____

State: _____ **Zip Code:** _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Employer or Company Name: _____

Physical Address: _____ **Mailing Address:** _____

City/Town: _____ **City/Town:** _____

State: _____ **Zip Code:** _____ **State:** _____ **Zip Code:** _____

Phone: _____

1. After the age of majority have you been convicted of a felony or, any criminal offense involving injury to a victim or the risk of such injury or any criminal offense involving dishonesty?
Yes No
2. Have you ever been denied, subject to disciplinary action, had your authorization suspended or revoked or not reinstated to practice as fuel gas fitter or plumber in any jurisdiction?
Yes No



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3. Have you ever surrendered your authorization to practice as a fuel gas fitter or plumber in any jurisdiction in order to avoid or to settle disciplinary charges?
Yes No
4. Do you have any disciplinary proceedings, settlement agreements or consent decrees undertaken or issued by any authority regulating fuel gas fitters or plumber or any current pending claims against you in any court?
Yes No
5. Has applicant already taken the licensing examination required for licensure?
Yes No

Signature: _____ **Date:** _____

"I acknowledge that (under 641:3) knowingly making a false statement on this application form is a misdemeanor. I certify that the information I have provided on all parts of the application form and the documents that I have personally submitted to support my application is complete and accurate to the best of my knowledge and belief. I also certify that I have read RSA 153:27 through RSA 153:38 and the rules of the board and promise that, if I am licensed or certified, I will abide by them.



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MECHANICAL APPRENTICE /TRAINEE ENDORSEMENT LETTER

Name of Trainee/Apprentice: _____

The above-named individual is an employee under my supervision. I hereby certify that the above-named individual is in the process of obtaining the necessary training and experience to become a NH licensed gas fitter and/or plumber. During this process this individual will work under the direct supervision of a licensed gas fitter/plumber. The above-named individual will only work under the scope of a person licensed for a specialty equal to or high than the trainee/apprentice.

Name of Licensed Gas Fitter: _____

NH Gas Lic. #: _____ Expiration Date: _____

Name of Licensed Plumber: _____

Plumber Lic. #: _____ Expiration Date: _____

Physical Address

Address: _____ Home Telephone: _____

City: _____ Email: _____

State: _____ Zip Code: _____

Employer

Company Name:

Address: _____ Work Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature of Licensed Gas Sponsor: _____ Date: _____

Signature of Licensed Plumber Sponsor: _____ Date: _____

Trainee/Apprentice Signature: _____ Date: _____

I attest that the information listed above is true to the best of my knowledge under the penalties of perjury.