

Applicant's Full Name: \_\_\_\_\_

Domestic Appliance Tech  Piping Installer  Installation Tech  Service Tech  Hearth

## **FUEL GAS APPLICATION CHECKLIST**

### **REQUIRED SUPPORTING DOCUMENTS FOR ALL**

- Check, Money order made out to "State of NH - Treasury"
- Provide a color photograph at least 2" x 2" or more with no hat and no sunglasses
- Email must be provided
- If you answered "yes" to question 1 on the application please attach a copy of your criminal record.
- Proof of Identification (Copy of one)
  - a. State ID
  - b. Non - Driver ID
  - c. Passport
  - d. Other government ID Name date of birth facial features
- Copy of current/valid NH fuel gas trainee card or,
- If applicable a copy of licensure from an out of state licensing agency in which proof can be demonstrated that the applicant's license meets or exceeds the minimum qualifications for the licensing endorsement applied for and;
- Proof of the successful completion of the licensing exam for the endorsement being applied for and
- One letter signed and written by a licensed gas fitter who was supervising, sponsoring or directing the applicant's fuel gas fitting training and development during the applicant's service or employment stating that the applicant meets the minimum competency requirements for the licensing endorsement being applied for.
- Proof of hours of field experience affidavit signed by the sponsor / supervisor
- Proof of hours of education by board approved school.

**Fees**

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

STATE OF NEW HAMPSHIRE  
 MECHANICAL LICENSING BOARD  
 7 EAGLE SQUARE  
 CONCORD, NH 03301  
 603-271-2152

**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
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.

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION  
MECHANICAL LICENSING BOARD

7 EAGLE SQUARE  
CONCORD, NH 03301  
PHONE: 603-271-2152

<https://www.oplc.nh.gov/mechanical-safety-and-licensing-board>

**AFFIDAVIT FOR PROOF OF APPROPRIATE FIELD EXPERIENCE**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Start Date</b>	<b>End date</b>	<b>Name of Company Phone #</b>	<b>Supervisors Name printed</b>	<b>Type of work performed</b>

**Additional comments:**

**Signature of Sponser/ Supervisor** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

I acknowledge that, under RSA 641:3, I knowingly making a false statement on this affidavit form is a misdemeanor. I certify that the information I have provided on all parts of the affidavit form and in 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 statues and rules of the board and promise that, if I am licensed or certified, I will abide by them.