

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

\_\_ Master Initial Application

\_\_ Journeyman Initial Application

## **PLUMBING APPLICATION CHECKLIST**

### **BOTH APPLICANT TYPES REQUIRED SUPPORTING DOCUMENTS**

- Check, Money order made out to "State of NH - Treasury"
- Testing Results (Certificate or Transcript) if out of state will need to provide ProV or NH Gasfitters online)
- Must include email address
- 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

### **MASTER LICENSE APPLICANT ONLY**

- Copy of current NH Journeyman Plumber License (held at least 6 months or more) or
- A copy of any previously held out of state plumbing license or other authorization to practice as a plumber
- One letter signed by a licensed a master plumber who was supervising or directing the supervision of the applicant during military service or during the journeyman employment stating that:
  - a. Writer supervised the applicant's plumbing work in the military or journeyman employment
  - b. In the writer's opinion the applicant is competent to be a master plumber or;
  - c. If out of state will need a letter of good standing from licensing board

### **JOURNEYMAN LICENSE APPLICANT ONLY**

- Copy of apprentice ID Card; or
- A copy of any previously held out of state plumbing license or other authorization to practice as a plumber.
- One letter signed by a licensed master plumber who was supervising or directing the supervision of the applicant during military service or during the apprenticeship employment stating that:
  - a. Writer supervised the applicant's plumbing work in the military or apprenticeship employment
  - b. In the writer's opinion the applicant is competent to be a journeyman plumber or;
  - c. If out of state will need a letter of good standing from licensing board
- Copy of applicant's apprenticeship completion certificate from the Dept. of Labor. If you don't have this please contact the Dept. of Labor at 603-225-1444 or 603-225-1446



**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



State of New Hampshire  
Office of Professional Licensure & Certification

7 Eagle Square, Concord NH 03301  
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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.