

STATE OF NEW HAMPSHIRE  
OFFICE OF PROFESSIONAL LICENSURE AND  
CERTIFICATION

OFFICE USE ONLY

Fees:  
Plumb.Apprentice/Gas Trainee:\$80/Ea.  
\*Check payable to State of NH\*

7 Eagle Square, Concord, NH 03301  
Phone: 603-271-2152  
Email: mechanical@opl.nh.gov

Amount: \_\_\_\_\_  
Check #: \_\_\_\_\_  
CC Auth. #: \_\_\_\_\_

**RENEWAL APPLICATION FOR  
APPRENTICE PLUMBER AND GAS TRAINEE**

License #: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_

Apprentice Plumb.      Gas Trainee

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

\*\*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: \_\_\_\_\_

CONTINUING EDUCATION INFORMATION

Date Attended	Location	Instructor

**OTHER**

PROVIDE A NEW PHOTOGRAPH EVERY 4TH RENEWAL (No hats or sunglasses please)

\*\*\*\*\*

**APPRENTICE / TRAINEES ONLY**

Plumbing Apprentice must have an approval signature from a Master Plumber. Gas Fitter Trainee must have an approval signature from a licensed Fuel Gas Sponsor:

**\*\*Note: Attach certificate of enrollment form\*\***

Master Plumber Signature: \_\_\_\_\_

Fuel Gas Sponsor Signature: \_\_\_\_\_

Master Plumber License #: \_\_\_\_\_

License #: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

\*\*\*\*\*

**Have you been convicted of a crime that has not been annulled by a court since your last renewal?**      **Yes      No**

\*if yes please attach a certified copy of your criminal record which may be obtained by the Division of State Police, or from the State of conviction;

Provide the terms of probation, if any, and the name, address and phone number of all probation officers.

**Have you had your licensure suspended, revoked or otherwise sanctioned in any other jurisdiction?**      **Yes      No**

\*if yes please provide an explanation of the circumstances including but not limited to the name and location of the licensing board, the date of the discipline or loss of license and the reason for the action

**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 and will abide by RSA 153:27 through RSA 153:38 and the rules of the board.