

Fees:  
New: 225.00  
Renewal: 200.00

STATE OF NEW HAMPSHIRE

OFFICE USE ONLY

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

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

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

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

**APPLICATION FOR WATER TREATMENT CERTIFICATION**

**INITIAL**

**RENEWAL**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**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? Yes      No
3. Have you ever surrendered a license or other authorization to practice as a plumber 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 plumbers or water treatment or any current pending claims against you in any court? Yes      No
5. Has applicant already taken the licensing examination required for certification? Yes      No
6. Do you currently hold a water treatment certification or other authorization? 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.