

¹Fees:

Fuel Gas: \$180
Master Plumb: \$300
Journeyman Plumb: \$180
Apprentice/Trainee: \$80
Domestic Appliance: \$160

STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY, DIVISION OF FIRE SAFETY
Office of the State Fire Marshal
Mailing: 33 Hazen Dr. Concord NH 03305
Physical: 110 Smokey Bear Blvd. Concord NH
Phone: 603-223-4289 Fax: 603-223-4295

OFFICE USE ONLY

Amount: _____
Check #: _____
CC Auth. #: _____

http://www.nh.gov/safety/divisions/firesafety

License #: _____
Exp. Date: _____

RENEWAL APPLICATION FOR LICENSE

Master Plumb. Journeyman Plumb. Apprentice Plumb. Gas Trainee Gas Fitter

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.

¹ Updated 3/14/16