

**FOR OFFICE USE ONLY**

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

NEW HAMPSHIRE DEPARTMENT OF SAFETY  
DIVISION OF FIRE SAFETY  
33 HAZEN DR CONCORD NH 03305  
603-223-4289 FAX 603-223-4295

**MECHANICAL SAFETY & LICENSING RENEWAL FORM**

**LICENSE TYPE & LICENSE NUMBER**

Plumber # \_\_\_\_\_ Gas # \_\_\_\_\_  
Apprentice # \_\_\_\_\_ Gas Trainee # \_\_\_\_\_  
Water Treatment Technician # \_\_\_\_\_ Oil Technician # \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security #: (Required pursuant to NH RSA 161-B) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

New address: Yes No

**RESIDENCE ADDRESS**

**MAILING ADDRESS**

Street: \_\_\_\_\_ Street / PO BOX: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

New Contact Information: Yes No

Home Telephone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**OTHER**

- 1) By providing your e-mail address you agree to receive notifications from the Mechanical Safety and Licensing section regarding code updates, upcoming training, press releases and also your renewal notification.
- 2) **INCLUDE A CURRENT PASSPORT SIZE PHOTO WITH YOUR APPLICATION (No hats or sunglasses please)**  
**NEED A NEW PHOTOGRAPH EVERY 5TH RENEWAL**
- 3) **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.**

Master Plumber Signature \_\_\_\_\_ Master Plumber License # \_\_\_\_\_ Contact Number \_\_\_\_\_

Fuel Gas Sponsor Signature \_\_\_\_\_ Fuel Gas Sponsor License # \_\_\_\_\_ Contact Number \_\_\_\_\_

Please make checks payable to the "Treasurer, State of New Hampshire

**TURN OVER**

