



STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY
John J. Barthelmes, Commissioner



Division of Fire Safety
OFFICE OF THE STATE FIRE MARSHAL
J. William Degnan, State Fire Marshal

Office: 110 Smokey Bear Blvd., Concord, NH
Mailing Address: 33 Hazen Drive, Concord, NH 03305
603-271-3294, FAX 603-271-3206

EXISTING TECHNICIAN GAS FITTERS LICENSE

For all tradesmen that have 4 years or more of experience PRIOR to JANUARY 1, 2007, in the gas heating, plumbing, piping, furnace installation, the EXISTING TECHNICIAN route is the simplest way to get licensed. This route takes in to effect all your years of experience in the heating, plumbing and air conditioning field, including some oil burner work. If you have been out in the field, attending regular seminars, you qualify. The deadline for existing technician is JANUARY 1, 2009.

The initial fee for your two year license regardless the endorsements is \$225.00. The renewal fee is \$200.00 every two years.

Fill out the application form with all your current personal information. Check off original and existing technician boxes on the top of the form. You will not have a previous license number because this is the original. Then select the endorsements that best suit your training and scope of work. Remember that checking the STN & STP endorsements cover all the endorsements (HST, GPI, EIP & EIN). Check off only the endorsements you need.

Complete the second form titled AFFIDAVIT for PROOF of APPROPRIATE FIELD EXPERIENCE. Please be as accurate as possible with your work history. The more detailed you are, the quicker the review process is. Sign the form and have a Notary sign and seal the document as well. (All banks have a Notary).

Make a copy of your drivers license. Send two passport size photos which are 2x2. (You may get these at the Post Office or any mall photo booth). Make out your check for \$225.00 to the State of New Hampshire, and Mail to: State Fire Marshals Office, Attn: Shana, 33 Hazen Drive, Concord, NH 03305.

Checklist:

- Application for Gas Fitters License
- Affidavit form completed and Notarized
- 2 passport size photos
- A copy of your license
- Check for \$225.00 made out to State of New Hampshire

Application Fee \$225.00
Renewal Fee \$200.00

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DIVISION OF FIRE SAFETY
OFFICE OF THE STATE FIRE MARSHAL
33 HAZEN DRIVE
CONCORD, NH 03305

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FAX: 603-271-3206

APPLICATION FOR GASFITTER'S LICENSE

Place a check in the appropriate box in each column.

APPLICATION TYPE	ORIGINAL	APPLICATION ROUTE	REGULAR CERT.	PREVIOUS LIC. #
	RENEWAL		EXISTING TECH.	
	UPGRADE		TRAINEE	

LAST NAME: _____ FIRST NAME: _____ MI: _____ SUFF: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____ DATE OF BIRTH: _____

HOME E-MAIL ADDRESS: _____

EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK TELEPHONE: _____ WORK FAX: _____

WORK E-MAIL ADDRESS: _____

- SPECIALTY LICENSE BEING APPLIED FOR:** Check only the appropriate specialty license being applied for. Licenses are incremental in nature. EIP/EIN includes GPI and HST. STP/STN includes EIP/EIN, GPI and HST. HST includes GPI.
- () PIPING INSTALLER (GPI) () EQUIPMENT SERVICE TECHNICIAN – PROPANE (STP)
- () EQUIPMENT INSTALLER – PROPANE (EIP): () EQUIPMENT SERVICE TECHNICIAN – NATURAL (STN)
- () EQUIPMENT INSTALLER – NATURAL (EIN) () HEARTH SYSTEM TECHNICIAN (HST)

SIGNED: _____ DATE: _____

By signing this form, I attest that all of the information above is true to the best of my knowledge and is presented under the penalties of perjury.

FOR DEPARTMENT OF SAFETY USE ONLY

RECEIVED: _____ BY: _____ PAID BY CHECK #: _____

SUPPORTING DOCUMENTATION COMPLETE (Y/N) _____ REVIEWED: _____ BY: _____

LICENSE ISSUED: _____ LICENSE NUMBER: **GF** _____ BY: _____

EXPIRATION DATE: _____ DATE ENTERED: _____ BY: _____

Note: This application is only for the gasfitter's license and should not be confused with DSFM 87 form for the voluntary heating technician certificate program.
DSFM 123 (07/07)



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NH GAS FITTER'S LICENSING PROGRAM
AFFIDAVIT FOR PROOF OF APPROPRIATE FIELD EXPERIENCE
EXISTING TECHNICIAN APPLICATION ROUTE ONLY

NAME: _____ DATE: _____

By filling out and signing this affidavit, you are attesting to the appropriate field experience of the above named individual.

START DATE	END DATE	NAME OF COMPANY	TYPE OF WORK
		PHONE #	PRINT SUPERVISOR NAME

I attest, under penalties of perjury, I have received training in the gas fitting industry and that this document is a true affidavit of fact relating to the proof of appropriate field experience as required under Saf-C 8000 (NH Administrative Rules).

 Signature Date

State of New Hampshire
 County of _____

The person signing this affidavit of field experience, appeared and signed this before me and took oath that the statements set forth in this affidavit of field experience are true to the best of his or her knowledge and belief.

 Date Notary Public/Justice of the Peace