



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

GAS FITTERS LICENSING REGULAR TECHNICIAN ROUTE

For the tradesmen that do not have 8,000 hours of experience prior to January 1, 2007, the REGULAR TECHNICIAN CERTIFICATION route applies. There are a number of ways to obtain some degree of a gas fitter's license. The five primary endorsements are listed below. If you are not a licensed plumber, or do not have any formal training in the gas fitting trade please submit the TRAINEE license Endorsement letter along with the application.

GAS PIPING INSTALLER (GPI)

Licensed plumbers with less than 8,000 hours of service prior to January 1, 2007 can apply for this endorsement by providing a copy of their license, and a certificate of completion for 48 hours of training. Training must be an approved course as listed in Appendix A provided in your application packet.

Non- Licensed gas fitters must also provide the same educational data listed above, and must provide proof of a minimum of 1,000 hours of trade related experience. Transcripts stating a pass/fail are required. Do not send copy of certificates.

EQUIPMENT INSTALLER FOR GAS OR PROPANE (EIN OR EIP)

Licensed Gas Piping Installer or GPI needs an additional 1,000 hours of trade related experience by sworn affidavit, and proof of an additional 24 hours of training as listed in Appendix A.

Non-licensed applicants will need to demonstrate 2,000 hours of service by sworn affidavit, and proof of completion for 72 hours of training as listed in Appendix A.

SERVICE TECHNICIAN FOR GAS OR PROPANE (STN or STP)

Licensed Equipment Installer's (EIN or EIP) will need an additional 3,000 hours of service with documentation on a sworn affidavit, as well as an additional 24 hours of education as listed in Appendix A.

Non-licensed individuals will need to prove 5,000 hours of service by sworn affidavit and a total of 96 hours of training as listed in Appendix A.

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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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
REGULAR 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, 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