



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

## HOW TO GET YOUR GAS FITTERS LICENSE

For all tradesmen that have less than 4 years of experience PRIOR to JANUARY 1, 2007, or has not completed the required schooling in the gas heating, plumbing, piping, furnace installation, the **TRAINEE** route is the way to get licensed.

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 Trainee boxes on the top of the form. You will not have a previous license number because this is the original.

The second form Trainee Endorsement Letter will need to be filled out by a licensed NH gas fitter and signed. You must always work under a licensed gas fitter **NO EXCEPTIONS.**

Make a copy of your drivers license (plumbers license too if you can). 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
- Trainee Endorsement Letter
- 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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**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**  
**TRAINING ENDORSEMENT LETTER**

**NAME OF TRAINEE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

The above named individual is an employee under my supervision. I hereby certify that the above named individual is in the process of obtaining the necessary training and experience to become a NH licensed gas fitter. During this process this individual will work under the supervision of a licensed gasfitter in accordance with the provisions of the NH Gas Fitter's law and rules, specifically, Saf-C 8003.02. The above named individual will only work under the scope of a person licensed for a specialty equal to or higher than the trainee.

**NAME OF LICENSED GAS FITTER:** \_\_\_\_\_

**NH LIC #: GF** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**TOWN:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**WORK ADDRESS:** \_\_\_\_\_

**TOWN:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_

I attest that the information listed above is true to the best of my knowledge under the penalties of perjury.

\_\_\_\_\_  
**SIGNATURE OF LICENSED SUPERVISOR**

\_\_\_\_\_  
**DATE**