

Applicant's Full Name: _____

UPGRADING CHECKLIST FOR LICENSURE

If you're a Licensed Gas Fitter upgrading you will need the following:

- Application form
- Verification of Education (CETP, GSTS MCC or NHSMT)
- \$85.00 check made out to State of NH Treasure
- One signed letter written by the licensed fuel gas fitter, who was supervising, sponsoring or directing the applicant's service or employment, stating that the applicant meets the minimum competency requirements.

If you're a Licensed Journeyman Plumber upgrading to a Master Plumber you will need the following:

- Application form
 - Copy of your current NH Journeyman Plumber's License (Held at least 6 months or more)
- Copy of one of the following forms of ID:
- a. State ID
 - b. Non - Driver ID
 - c. Passport
 - d. Other government ID Name, date of birth and facial features
- \$85.00 Check, Money order made out to "State of NH - Treasury
 - One letter signed by a licensed Plumber who was supervising or directing the supervision of the applicant during military service or during the journeyman employment stating that:
 - a. Writer supervised the applicant's plumbing work in the military or journeyman employment
 - b. In the writer's opinion the applicant is competent to be a master plumber

Fee: \$85.00

STATE OF NEW HAMPSHIRE DEPARTMENT
OF SAFETY, DIVISION OF FIRE SAFETY

OFFICE USE ONLY

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

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

License #: _____
Expiration: _____

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

UPGRADE APPLICATION FOR LICENSE

Service Tech Installation Tech Piping Installer Domestic Appliance Tech
Master Plumb. Journeyman Plumb. Hearth Installer

Last Name: _____ **First Name:** _____ **MI:** ____ **Suffix:** ____

Date of Birth: _____

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: _____

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 and statutes of the board. This form is confidential".

STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY, DIVISION OF FIRE SAFETY
MAILING ADDRESS: 33 HAZEN DR, CONCORD, NH 03305
PHYSICAL ADDRESS: 110 SMOKEY BEAR BLVD, CONCORD NH 03301
PHONE: 603-223-4289 FAX: 603-223-4295
WWW.NH.GOV/SAFETY/DIVSIONS/FIRESAFETY

AFFIDAVIT FOR PROOF OF APPROPRIATE FIELD EXPERIENCE

First Name: _____ **Last Name:** _____ **Date:** _____

Start Date	End date	Name of Company Phone #	Supervisors Name printed	Type of work performed

Additional comments:

Signature: _____ **Date:** _____

I acknowledge that, under RSA 641:3, I knowingly making a false statement on this affidavit form is a misdemeanor. I certify that the information I have provided on all parts of the affidavit form and in 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 RSA 153:27 through RSA 153:38 and the statues and rules of the board and promise that, if I am licensed or certified, I will abide by them.