

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

**APPRENTICE / TRAINEE APPLICATION CHECK LIST**

**BOTH APPLICANT TYPES REQUIRED SUPPORTING DOCUMENTS**

- Fee made out to the State of NH / Treasury
- Provide a color photograph at least 2' x 2' or more with no hat and no sunglasses
- Proof of positive Identification of one of the following:
  - A. State Driver's License or ID Card with photo embossed in the document or,
  - B. Photocopy of the applicant's current passport ID displaying the embossed photo of the applicant or,
  - C. Photocopy of any other type of government ID card that displays the applicants name, date of birth, facial features embossed on the document
- Apprentice/Trainee Endorsement letter completed and signed by both the applicant and the master and/or gas sponsor

**PLUMBING APPRENTICE REGISTRATION APPLICATION ONLY**

- A completed apprenticeship agreement as signed and authorized by the US Department of Labor for the NH Plumbing Apprentice Program to be placed on file no later than the first renewal date.

Fees:  
Gas Fitter: \$190  
Master: \$310  
Journeyman: \$190.00  
Domestic Appliance: \$170  
Apprentice / Trainee: \$90 / Ea.

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF SAFETY, DIVISION OF FIRE SAFETY  
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  
<http://www.nh.gov/safety/divisions/firesafety>

OFFICE USE ONLY  
Amount: \_\_\_\_\_  
Check #: \_\_\_\_\_  
CC Auth. #: \_\_\_\_\_  
License #: \_\_\_\_\_  
Expiration: \_\_\_\_\_

### INITIAL APPLICATION FOR LICENSE

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Suffix: \_\_\_\_\_

Maiden Name / Alias: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

\*\*Per RSA 161-B:11; The Mechanical Board is required to obtain your Social Security Number for the purpose of child support enforcement. Except for its use in child support enforcement, your Social Security Number will not be used by the Mechanical Licensing Board and will be held confidential.\*\*

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: \_\_\_\_\_

1. After the age of majority have you been convicted of a felony or, any criminal offense involving injury to a victim or the risk of such injury or any criminal offense involving dishonesty? Yes No
2. Have you ever been denied, subject to disciplinary action, had your authorization suspended or revoked or not reinstated to practice as fuel gas fitter or plumber in any jurisdiction? Yes No
3. Have you ever surrendered your authorization to practice as a fuel gas fitter or plumber in any jurisdiction in order to avoid or to settle disciplinary charges? Yes No
4. Do you have any disciplinary proceedings, settlement agreements or consent decrees undertaken or issued by any authority regulating fuel gas fitters or plumber or any current pending claims against you in any court? Yes No
5. Has applicant already taken the licensing examination required for licensure? Yes No

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 RSA 153:27 through RSA 153:38 and the rules of the board and promise that, if I am licensed or certified, I will abide by them.

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF SAFETY, DIVISION OF FIRE SAFETY  
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Phone: 603-223-4289 Fax: 603-223-4295  
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## MECHANICAL SAFETY AND LICENSING APPRENTICE /TRAINEE ENDORSEMENT LETTER

Name of Trainee/Apprentice: \_\_\_\_\_

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 and/or plumber. During this process this individual will work under the direct supervision of a licensed gas fitter/plumber. The above named individual will only work under the scope of a person licensed for a specialty equal to or high than the trainee/apprentice.

Name of Licensed Gas Fitter: \_\_\_\_\_  
NH Gas Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Licensed Plumber: \_\_\_\_\_  
Plumber Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Employer

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Fax: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

Signature of Licensed Gas Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Licensed Plumber Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_  
Trainee/Apprentice Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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