

Applicant's Full Name: _____

Domestic Appliance Tech Piping Installer Installation Tech Service Tech Hearth

FUEL GAS APPLICATION CHECKLIST

REQUIRED SUPPORTING DOCUMENTS FOR ALL

- Check, Money order made out to "State of NH - Treasury"
- Provide a color photograph at least 2" x 2" or more with no hat and no sunglasses
- If you answered "yes" to question 1 on the application please attach a copy of your criminal record.
- Proof of Identification (Copy of one)
 - a. State ID
 - b. Non - Driver ID
 - c. Passport
 - d. Other government ID Name date of birth facial features
- Copy of current/valid NH fuel gas trainee card or,
- If applicable a copy of licensure from an out of state licensing agency in which proof can be demonstrated that the applicant's license meets or exceeds the minimum qualifications for the licensing endorsement applied for and;
- Proof of the successful completion of the licensing exam for the endorsement being applied for and
- One letter signed and written by a licensed gas fitter who was supervising, sponsoring or directing the applicant's fuel gas fitting training and development during the applicant's service or employment stating that the applicant meets the minimum competency requirements for the licensing endorsement being applied for.
- Proof of hours of field experience affidavit signed by the licensee.
- Proof of hours of education by board approved school.

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
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.