

Fees:
Sole Licensee: No Fee
1-5 Employees: \$190
6-20 Employees: \$300
21 or more Employees: \$460
Renewal fee 21 or more: \$450

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

OFFICE USE ONLY

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

Business Entity #: _____
Expiration: _____

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

MECHANICAL BUSINESS ENTITY APPLICATION

RENEWAL INITIAL

GAS PLUMBING GAS & PLUMBING DOMESTIC APPLIANCE HEARTH SYSTEM
PLUMBING & HEARTH PLUMBING & DOMESTIC APPLIANCE
DOMESTIC APPLIANCE & HEARTH GAS SOLE LICENSEE PLUMBING SOLE LICENSEE

BUSINESS NAME: _____

Physical Address: _____ **Mailing Address:** _____

City/Town: _____ **City/Town:** _____

State: _____ **Zip Code:** _____ **State:** _____ **Zip Code:** _____

Telephone: _____

RESPONSIBLE MANAGING EMPLOYEE

The responsible managing employee is required to be a New Hampshire licensed Master Plumber, Fuel Gas Service Technician, Hearth System Technician or Domestic Appliance Technician. Some companies may have one Master and or one Fuel Gas Service Technician.

Name of Fuel Gas Responsible Managing Employee: _____ License #: _____

Name of Plumbing Responsible Managing Employee: _____ License #: _____

Total Number of Licensed Employees: _____ Total Number of Apprentices / Trainees: _____

****PLEASE ATTACH A LIST OF THE BUSINESS ENTITIES EMPLOYEES AND THEIR LICENSE NUMBER OR REGISTRATION NUMBER****

****A letter of good standing from the NH Secretary of State Office (603-271-3246)****

****PROOF OF LIABILITY INSURANCE NEEDS TO BE PROVIDED****

COURT JUDGEMENTS:

Are there any court judgments against the business entity? Yes No

Are there any criminal convictions of the business entity? Yes No

(If yes to either of the above, please attach a detailed account of the circumstances)

Fuel Gas Responsible Managing Employee: _____ **Date:** _____

Plumbing Responsible Managing Employee: _____ **Date:** _____

Owner/Managing Partner: _____ **Date:** _____

"I acknowledge that under RSA 641:3, knowingly making a false statement on this application form is a misdemeanor. I certify that the information I have provided on the application form is complete and accurate to the best of my knowledge and belief.