

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 a licensed 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
 - Test results (Certificate or Transcript)
 - 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 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 #: _____
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 from 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.