

**ALABAMA PLUMBERS AND GAS FITTERS EXAMINING BOARD**  
**216 AQUARIUS DR., SUITE 319**  
**HOMEWOOD, AL 35209**  
**PHONE: 205-945-4857**  
**FAX: 205-945-9915**  
**WWW.PGFB.ALABAMA.GOV**

**Update Record Form – Journeyman/Apprentice Only**

NOTE: Please print or type and provide all requested information. A home address MUST be provided even if you receive your mail at a different address.

Name: \_\_\_\_\_ Social Security #: XXX-XX-\_\_\_\_\_

Home Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please indicate your current certification:**

Journeyman

Apprentice

**Status:**

Active

Retired – Date: \_\_\_\_\_

Disabled – Date: \_\_\_\_\_

**\*\*If you have more than one employer, please fill out and attach additional update form.\*\***

Employer: \_\_\_\_\_

Principal Master Signature: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_ Employer's E-mail: \_\_\_\_\_

**Any changes in residence or employment must be submitted to the Board in writing within 30 days of the change in compliance with Ala. Code §34-37-14(a).**

**This form should be completed along with the “Company Registration/Update Form” as needed in compliance with Ala. Code §34-37-6(b) and 34-37-14(b). “Update Record Form” is intended to be solely an update to your certification records. All companies must be properly registered with the Board with at least one principal master.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_