

ALABAMA PLUMBERS AND GAS FITTERS EXAMINING BOARD
216 AQUARIUS DRIVE, SUITE 319
HOMEWOOD, AL 35209
PHONE: 205-945-4857
FAX: 205-945-0273
WWW.PGFB.ALABAMA.GOV

BUSINESS REGISTRATION FORM

Page 1 of 3

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

This is a: (select one)

New company registration (Fee of \$25.00 required)

Business Information Update (No fee required)

Annual Renewal (Fee of \$25.00 required + late renewal fee of \$25.00 if after Dec. 31)

Company Name: _____

D/B/A (If Applicable): _____

Office Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Is this a business name update?: **Yes** **No**

If yes, previously registered business name: _____

The following information is required in compliance with Ala. Code §34-37-6(b):

Business Owner Name: _____

By my signature below, I certify that I understand any change in business information must be submitted to the Board within thirty (30) days of the change, in compliance with Ala. Code §34-37-14. I also understand that business information must be submitted and verified annually between October 1 and December 31, in compliance with Ala. Administrative Code r. 720-x-17-.01.

Owner Signature: _____ **Date:** _____

CONTINUE TO PAGE 2 FOR REQUIRED PRINCIPAL MASTER
INFORMATION

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Page 2 of 3

Principal Master Plumber Information:

Principal Master Plumber: _____ Certification #: _____

Are you currently listed as Principal Master Plumber for another company: ____ Yes ____ No

If yes, name of company: _____

If you were listed as a principal master plumber for another company, are you still an employee of that company?: ____ Yes ____ No

By my signature below, I certify that I am subject to all requirements as outlined in Alabama Administrative Code r. 720-x-12-.02 to be registered as Principal Master Plumber for this company.

Principal Master Plumber Signature: _____

Principal Master Gas Fitter Information:

Principal Master Gas Fitter: _____ Certification #: _____

If yes, name of company: _____

If you were listed as a principal master plumber for another company, are you still an employee of that company?: ____ Yes ____ No

Are you currently listed as Principal Master Gas Fitter for another company: ____ Yes ____ No

By my signature below, I certify that I am subject to all requirements as outlined in Alabama Administrative Code r. 720-x-13-.02 to be registered as Principal Master Gas Fitter for this company.

Principal Master Gas Fitter Signature: _____

CONTINUE TO PAGE 3 TO COMPLETE REQUIRED LIST OF EMPLOYEES

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Page 3 of 3

Under action, you must indicate if this is a new addition to the company list (“New” or “N”), only an update of information (“Update” or “U”), or if you would like an individual to be removed from your roster (“Remove” or “R”).

<u>Name (as shown on card)</u>	<u>Classification</u>	<u>Last 4 of SSN</u>	<u>Action</u>
_____	_____	_____	_____
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Owner Signature: _____ Date: _____