



David H. Wilcox  
Executive Director

## STATE OF ALABAMA

PLUMBERS & GAS FITTERS  
EXAMINING BOARD

11 WEST OXMOOR RD.  
SUITE 104

BIRMINGHAM, AL 35209

PHONE (205) 945-4857

FAX (205) 945-9915

[www.pgfb.alabama.gov](http://www.pgfb.alabama.gov)



Robert Bentley  
Governor of Alabama

### **IMPORTANT RULE CHANGE NOTICE:**

Please note, the following rule change was made effective March 11, 2016 with regards to Board Rule **720-x-10-.01 -Waiver or Proration of First Year Certificate Fee.**

For all NEW registrations or those paying an examination fee and who pass an examination after **July 1** of the calendar year in which the certification or registration is issued for Apprentice, Journeyman, and Master Plumbers and Gas Fitters, the Board shall prorate the initial fees as follows:

**Prorated amounts for first year fees after July 1 of the calendar year, as outlined in r. 720-x-10-.01, will be as follows: \$12 for Apprentice, \$25 for Journeyman Plumber or Gas Fitter, and \$75 for Master Plumber or Gas Fitter.**

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**Apprentice Registration Form**

Application for registration as an Apprentice Plumber/Gas Fitter is hereby made and the fee of \$25.00 is hereby submitted in the form of a CHECK, MONEY ORDER, or CREDIT CARD AUTHORIZATION FORM.

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 #: \_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Please complete and attach Proof of Citizenship or Lawful Presence of Non-Citizen Form.

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

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

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

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

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

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

Principal Master Name: \_\_\_\_\_ Current Certification No.: \_\_\_\_\_

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

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

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

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

**Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**