

ALABAMA PLUMBERS AND GAS FITTERS EXAMINING BOARD
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BIRMINGHAM, AL 35209
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BUSINESS INFORMATION UPDATE FORM

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This form is to be used ONLY to update business information of a company currently registered with the Board.

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.

Company Name: _____

D/B/A (If Applicable): _____

Office Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

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

Business Owner Name: _____

Principal Master Plumber: _____ Certification #: _____

Principal Master Plumber Signature: _____

Principal Master Gas Fitter: _____ Certification #: _____

Principal Master Gas Fitter Signature: _____

By my signature on page 2, 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.

Please continue to page 2 to list the current employees of your company.

