



**Kay Ivey**  
Governor

**STATE OF ALABAMA  
PLUMBERS & GAS FITTERS  
EXAMINING BOARD**

216 AQUARIUS DRIVE, SUITE 319  
HOMEWOOD, AL 35209  
PHONE (205)945-4857  
FAX (205)945-9915  
www.pgfb.alabama.gov



**James M. Morgan**  
Executive Director

**PLEASE READ ALL INSTRUCTIONS AND INFORMATION  
CAREFULLY BEFORE COMPLETING THESE FORMS! FAILURE TO  
COMPLETE FORM PROPERLY MAY RESULT IN A DELAY OF  
YOUR INFORMATION BEING UPDATED.**

- If updating business name, fill out the “Business Name Update Form”. This form should be filled out along with the “Business Information Update Form” if information other than your business name is changing.
- To perform plumbing, a company must have a principal master plumber. Signature is required.
- To perform gas fitting, a company must have a principal master gas fitter. Signature is required.
- Last 4 of SSN is REQUIRED for all record updates.
- For existing company update - 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”).
- If an employee of your company is performing plumbing and/or gas fitting, they must hold a certification card with us. The classification shown on their certification card is what should be listed on the form.

This information can also be updated under “Online Profile” on the homepage of our website. If you have any questions, please contact our office at (205)945-4857.

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216 AQUARIUS DRIVE, SUITE 319  
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FAX: 205-945-0273  
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**BUSINESS NAME UPDATE FORM**

**This form is to be used ONLY to update the name of a company currently registered with the Board. Please complete the “Business Information Update Form” to update any information other than the business name.**

**NOTE: Please print or type and provide all requested information.**

Employer License #: EMP-\_\_\_\_\_

Current Company Name: \_\_\_\_\_

D/B/A (If Applicable): \_\_\_\_\_

New Company Name: \_\_\_\_\_

D/B/A (If Applicable): \_\_\_\_\_

Office Address: \_\_\_\_\_ County: \_\_\_\_\_

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

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

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

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

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

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**BUSINESS INFORMATION UPDATE FORM**

**(Page 1 of 2)**

**This form is to be used ONLY to update business information of a company currently registered with the Board. Please complete "Business Name Update Form" also if updating name of business.**

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.**

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**BUSINESS INFORMATION UPDATE FORM**  
**(Page 2 of 2)**

**PLEASE REVIEW FORM'S INFORMATION PAGE PRIOR TO COMPLETING THIS SECTION.**

<b><u>Name (as shown on card)</u></b>	<b><u>Classification</u></b>	<b><u>Last 4 of SSN</u></b>	<b><u>Action</u></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_