

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

Request for Verification of License/Certification

Applicant: Please fill out the **first section** of this form, then forward the original form to the licensing/certification unit in the state you are reciprocating from & a copy of the form to the above address or fax.

Name: _____ Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

I am currently certified in _____ (state) and I am seeking certification as a licensed
[] journeyman [] master [] plumber [] gas fitter in the state of Alabama under a reciprocal agreement
with said state.

I am requesting certification in the State of Alabama. Please verify my licensure/certification status in the state I am currently licensed/certified in. Further, I understand that by my signature I am recognizing that I am not exempted from the laws of the State of Alabama and agree to comply with all laws, rules, and regulations of the State of Alabama Plumbers & Gas Fitters Examining Board.

Applicant's Signature: _____ **Date:** _____

Verification of License/Certification

Verifying State: Please furnish the requested information and sign. Return the verification form to the Alabama Plumbers and Gas Fitters Examining Board at the address or fax above.

License/Certification Type: _____ License/Certification Number: _____

Date First Issued: _____ Expiration Date: _____

Exam Administered By (Name of Vendor): _____

Examination Type: _____ Date of Exam: _____ Score: _____

Disciplinary Action: ____Yes ____No - If yes, please provide copies of all Petitions/Orders & current status.

Verifier's Information and Signature:

Name: _____ Position/Title: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Verifier's Signature: _____ **Date:** _____