

**ALABAMA PLUMBERS AND GAS FITTERS EXAMINING BOARD
216 AQUARIUS DR., SUITE 319
HOMEWOOD, AL 35209
PHONE: 205-945-4857
FAX: 205-945-9915
WWW.PGFB.ALABAMA.GOV**

NEW COMPANY REGISTRATION FORM

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This form is to be used ONLY to register a NEW company 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.

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Current employees of company: (Attach additional pages as needed)

**LAST 4 OF SSN IS REQUIRED TO UPDATE RECORDS – PLEASE LIST
CLASSIFICATION OF PERSON AS SHOWN ON CERTIFICATION CARD.**

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

Owner Signature: _____ Date: _____