

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

Update Record Form – Master Only

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 #: XXX-XX- _____

Home Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

This section must be completed whether or not you are the principal master:

- | | |
|--|--|
| <input type="checkbox"/> I <u>AM</u> the Principal Master. | <input type="checkbox"/> Principal Master Plumber |
| <input type="checkbox"/> I <u>AM NOT</u> the Principal Master. | <input type="checkbox"/> Principal Master Gas Fitter |

Status:

Active Retired – Date: _____ Disabled – Date: _____

****If you have more than one employer, please fill out & attach additional update form(s).
Note: You can only be principal master for one company per each master certification you hold.****

Employer: _____

Employer's Address: _____

City: _____ State: _____ Zip Code: _____

Employer's Phone: _____ Employer's E-mail: _____

Any changes in residence or employment must be submitted to the Board in writing within 30 days of the change in compliance with Ala. Code §34-37-14(a).

This form should be completed along with the “Company Registration/Update Form” as needed in compliance with Ala. Code §34-37-6(b) and 34-37-14(b). “Update Record Form” is intended to be solely an update to your certification records.

Signature: _____ **Date:** _____