ALABAMA PLUMBERS AND GAS FITTERS EXAMINING BOARD
216 AQUARIUS DR., SUITE 319
HOMEWOOD, AL 35209
PHONE: 205-945-4857
FAX: 205-945-0273
EMAIL: ce@pgfb.alabama.gov

Continuing Education Age Exemption Form

This form must be completed and submitted to the Board office no later than September 1 of the year you are requesting exemption to begin in order ensure your certification is eligible for renewal on October 1. Please note: You only have to complete this once. You do not need to complete annually once you qualify.

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

Name:_____ Social Security #: XXX-XX-_____

Mailing Address:_____ County:_____

City:_____ State:_____ Zip Code:_____

Phone:_____ E-mail:_____

Any certified contractor who is 65 years of age or older is exempt from continuing education requirements. The contractor is not eligible for this exemption until the year after they turn 65 years old. This exemption does not apply for the year in which the contractor turns 65 years old. The certified contractor must provide documentation of his/her birth date in order to qualify for the exemption. (See Alabama Admin Code r 720-x-21-.09).

Individuals whose certification was delinquent prior to turning 65 years of age and who are attempting to become active again must complete the required CE prior to active status being granted unless individual has an applicable approved waiver of annual fees/penalties.

I am currently certified by the Alabama Plumbers & Gas Fitters Examining Board as a:

[ ] Master Plumber/Gas Fitter – MPG # _____
[ ] Master Plumber – MP # _____ [ ] Master Gas Fitter – MG # _____
[ ] Journeyman Plumber/Gas Fitter – JPG # _____
[ ] Journeyman Plumber – JP # _____ [ ] Journeyman Gas Fitter – JG # _____

I have attached the following document as proof of qualification for the continuing education age exemption:

[ ] Driver License or Nondriver Identification Card
[ ] Birth Certificate
[ ] Valid government issued document that includes name and date of birth
[ ] Other – Please explain:_____

Fax, mail, or e-mail this form along with your documentation to the contact information at the top of this form.

Signature:_____ **Date:**_____