

**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**

**COMPANY REGISTRATION CANCELLATION FORM**  
**This form is to be used ONLY to cancel the registration of a**  
**company currently registered 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: \_\_\_\_\_

Company Registration Number: EMP-\_\_\_\_\_

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

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

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

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

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

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

Business Owner Name: \_\_\_\_\_

Principal Master Plumber: \_\_\_\_\_ Certification #: \_\_\_\_\_

Principal Master Gas Fitter: \_\_\_\_\_ Certification #: \_\_\_\_\_

Reason for cancellation: \_\_\_\_\_

**By my signature below, I acknowledge that the above-referenced company is no longer properly registered to perform plumbing and/or gas fitting in the State of Alabama. All individuals listed as employees of this company will be removed from roster and must complete an Update Record form if he/she will be employed by another company. I understand that in the future if I wish to propose and/or perform plumbing and/or gas fitting under this company name, I must then submit a Business Registration Form in order to be properly registered with the Board. Authorized Signature must be Owner, Principal Master Plumber, or Principal Master Gas Fitter.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_