

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

BUSINESS REGISTRATION FORM

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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.

This is a: (select one)

New company registration **Business Information Update** **Annual Renewal**

Company Name: _____

D/B/A (If Applicable): _____

Office Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Is this a business name update?: **Yes** **No**

If yes, previously registered business name: _____

The following information is required in compliance with Ala. Code §34-37-6(b):

Business Owner Name: _____

By my signature below, 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.

Owner Signature: _____ **Date:** _____

CONTINUE TO PAGE 2 FOR REQUIRED PRINCIPAL MASTER INFORMATION

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Principal Master Plumber Information:

Principal Master Plumber: _____ Certification #: _____

Are you currently listed as Principal Master Plumber for another company: ____ Yes ____ No

If yes, name of company: _____

If you were listed as a principal master plumber for another company, are you still an employee of that company?: ____ Yes ____ No

By my signature below, I certify that I am subject to all requirements as outlined in Alabama Administrative Code r. 720-x-12-.02 to be registered as Principal Master Plumber for this company.

Principal Master Plumber Signature: _____

Principal Master Gas Fitter Information:

Principal Master Gas Fitter: _____ Certification #: _____

If yes, name of company: _____

If you were listed as a principal master plumber for another company, are you still an employee of that company?: ____ Yes ____ No

Are you currently listed as Principal Master Gas Fitter for another company: ____ Yes ____ No

By my signature below, I certify that I am subject to all requirements as outlined in Alabama Administrative Code r. 720-x-13-.02 to be registered as Principal Master Gas Fitter for this company.

Principal Master Gas Fitter Signature: _____

CONTINUE TO PAGE 3 TO COMPLETE REQUIRED LIST OF EMPLOYEES

