

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

**Application for Active Status**

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: \_\_\_\_\_

**Please indicate the certification you wish to re-activate:**

- |   |  |
|---|--|
| <input type="checkbox"/> Master Plumber     | <input type="checkbox"/> Master Gas Fitter     |
| <input type="checkbox"/> Journeyman Plumber | <input type="checkbox"/> Journeyman Gas Fitter |
| <input type="checkbox"/> Apprentice         |  |

I AM the Principal Master.                       I AM NOT the Principal Master.

Employer: \_\_\_\_\_

Principal Master Name: \_\_\_\_\_ Current Certification No.: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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

Employer's Phone: \_\_\_\_\_ Employer's E-mail: \_\_\_\_\_

I have not been actively engaged in the business of plumbing and/or gas fitting since the time I placed my certificate on inactive status, and request that my certification be placed on active status effective \_\_\_\_\_ and will be activated upon payment of prescribed renewal fees.

**Signature:** \_\_\_\_\_

**Please have this form notarized:**

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires