

Plumbing Education Services

NH Gasfitter License Continuing Education Class

Registration Form

Name _____

Address _____

Town/City _____ State _____ ZIP _____

Phone _____ Email Address _____

License # _____

Please sign me up for the three-hour NH Gasfitter License Renewal Class.

I would like to attend the class on:

Date: _____

Location: _____

\$50.00

Please make checks payable to: Plumbing Education Services
And send to: 33 Angela Way
Concord, NH 03301