



Commonwealth of Massachusetts  
**Division of Professional Licensure**  
 239 Causeway Street ☐ Boston, MA 02114  
 www.mass.gov/dpl/boards/el

Certificate issue date \_\_\_\_\_  
 Certificate No. \_\_\_\_\_  
 Fee Receipt No. \_\_\_\_\_  
 Fee Receipt Date \_\_\_\_\_

**Board of State Examiners of Electricians**  
**(617)727-9931**

**Education Provider**  
**APPLICATION**  
**as provided in 237CMR18.**  
**This application is NOT applicable**  
**to daytime [Chapter 74]trade schools**

Clearly Print/type information:

Provider/ Name of Applicant		Signature	
School/Association/Institution Name		Signature of authorized Representative	
Address	City/Town	State	Zip
Email	Telephone number		
Is the school/institution/association currently conducting courses/classes? <input type="checkbox"/> Yes Commencement date: <input type="checkbox"/> No			
Application for Renewal <input type="checkbox"/> Yes Expiration Date of last renewal: _____ New Application <input type="checkbox"/> Yes <input type="checkbox"/> No			
School/institution location/type (check as applicable): <input type="checkbox"/> Massachusetts <input type="checkbox"/> Out of State (Specify): _____			
<input type="checkbox"/> Private vocational School		<input type="checkbox"/> Day	
<input type="checkbox"/> In-house company training program (specify): _____		<input type="checkbox"/> Evening	
<input type="checkbox"/> Trade association		<input type="checkbox"/> Both	
<input type="checkbox"/> Labor training programs (Union or Non-Union)		Commencement Date: _____	
<input type="checkbox"/> College <input type="checkbox"/> Junior College <input type="checkbox"/> individual or Other (specify): _____		Completion date: _____	
Learning Objective/Class (check as applicable):			
<input type="checkbox"/> Master Class		<input type="checkbox"/> Journeyman Electricians Class <input type="checkbox"/> Prep class (Specify): _____	
<input type="checkbox"/> Systems Contractors Class		<input type="checkbox"/> Systems Technicians Class <input type="checkbox"/> Learning objective (Specify): _____	

1. Please attach a description of and hours credited for each learning objective(s) you are making application for approval as provided above and in regulation [See CMR .18.02(1)(b) and 22.00].
2. Please attach a copy of your Massachusetts Department of Education (MDOE) Occupational Division certification. (If the school, institution or association is not certified by MDOE similar documentation of certification is required)
3. Please attach a copy of your Agreement form as provided in CMR 18.02(3)(c).
4. Please attach a copy of your Certificate of Completion which will be given to each student as provided in CMR 18.02(3)(e)(3)
5. Please attach a list of your instructors with learning objectives that they teach as provided in 18.02.

Pursuant to 237 CMR 12.00-23.00 the applicant Provider and school/institution/association representative hereby apply for approval from the Board of State Examiners of Electricians to advertise and provide instruction to Apprentices and licensees in accordance with the requirements for examination pursuant to 237 CMR, sections 13.00, 14.02, 18.02, and 22.00. The applicant Provider and school/institution/association agrees to abide by all Board Regulations and attest that all statements made herein are accurate and true. This application is signed under the pains and penalties of perjury.

The applicant Provider and school/institution/association representative further understand and agree that their failure to comply with the requirements of 237 CMR 18.00 shall be grounds for removal as a Board approved provider.

\_\_\_\_\_  
 Licensed Provider Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Representative of the school/institution/association Signature

\_\_\_\_\_  
 Date