Commonwealth of Massachusetts
Office of Consumer Affairs
DIVISION OF PROFESSIONAL LICENSURE
Board of State Examiners of Plumbers and Gasfitters
1000 Washington Street, Suite 710,
Boston, Massachusetts 02118-6100

FOR APPLICANTS WHO REGISTERED AS A GAS FITTING APPRENTICE BEFORE SEPTEMBER 1, 2008*

VERIFICATION OF EDUCATION HOURS FOR 150 HOUR GAS FITTING PROGRAM

TO THE BOARD OF STATE EXAMINERS OF PLUMBERS AND GASFITTERS:

In connection with my application for a journeyman gasfitter license, I submit the following verification of schooling:

_____
Name of Applicant: (Type or Print Clearly) Address

_____
Signature of Applicant Date

THE FOLLOWING IS TO BE COMPLETED BY SCHOOL OFFICIALS

Subject to the rules set forth in Section 4 of Chapter 142 of the General Laws, I subscribe to and vouch for the statement made by:

_____
Name of Applicant: (Type or Print Clearly) Address

_____
Name of School Address

From _____ To _____
Date of Enrollment Date of Completion of Course or Graduation

During that time, the student successfully completed the following which meets the requirements of 248 CMR 11.00

_____ hours of basic gas fitting theory for Journeyman Gas Fitter Licensure

_____
Name of Designated School Official – Type or Print Title

_____
Signature of Designated School Official Date

_____
Name of Gas Fitting Instructor – Type or print Master License Number

_____
Signature of Gas Fitting Instructor School Phone Number

*Refer to 248 CMR 11.02 (3) (a)