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

STATEMENT OF EXPERIENCE FOR GAS FITTERS

Erasures, Mark Overs or White Outs are Unacceptable

Type or Print Name Clearly _____
First Middle Last

Residence _____
Number Street City or Town Zip Code

Apprentice Gas Fitter Registration Number and Date of Issue: _____
Number Date of Issue

EMPLOYERS STATEMENT

This is to certify that: _____ was employed by me as a licensed
Gas fitting apprentice performing supervised gas fitting from:

_____ To _____
Month/Day/Year Month/Day/Year (to present is unacceptable)

Total hours employed by me as a licensed apprentice performing supervised gas fitting during this time: _____
Note: Vocational school Co-op employment hours may not be included.

Company or Corporation Name _____

Master License Number and Date Originally Issued _____

Business Address _____
Street City or Town Zip Code

Phone _____

Can you produce Social Security Records for this person? Yes ☐ No ☐

If you checked NO in the box above, please explain _____

_____

As the employer I hereby certify that the above statements are true and are made subject to the penalties of perjury. In addition, I certify that for the entire time listed above, the applicant worked for me as an apprentice gas fitter and not as an independent contractor or a subcontractor performing non-gas fitting work.

Signature of Employing Master Gas Fitter _____

PHOTOSTATS OF THESE SHEETS ARE UNACCEPTABLE