



The Commonwealth of Massachusetts
DIVISION OF PROFESSIONAL LICENSURE
BOARD OF STATE EXAMINERS OF PLUMBERS AND GAS FITTERS
1000 Washington Street, Suite 710 – Boston, Massachusetts 02118-6100

IMPORTANT NOTICE FOR CANDIDATES WITH DOCUMENTED MEDICAL CONDITIONS

Qualified applicants for examination who are physically impaired or challenged by medical conditions documented by a Doctor / Physician may receive upon written request other Board authorized dispensation or distinct services. The applicant must enclose with the examination application, the written request of the medical information regarding any impairment; (physical or learning).

APPLICANTS: READ ATTACHED 248 CMR SECTION 11.02 (6)

LIMITED UNDILUTED LIQUEFIED PETROLEUM GAS INSTALLER EXAMINATION APPLICATION

↘ Veterans must submit a clear legible copy of DD-214. Status determined by legislation.

APPLICANT INFORMATION - (PART A.1)

1. _____
 FIRST NAME MI LAST NAME

2. _____
 ADDRESS CITY/TOWN ZIP CODE

3. _____
 TELEPHONE EMAIL

4. _____
 DATE OF BIRTH PLACE OF BIRTH MAIDEN NAME/OTHER NAME

5. _____
 SOCIAL SECURITY NUMBER

Pursuant to G.L. C.62C, S. 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

6. Has any disciplinary action been taken against you by a licensing or certification board located in the United States or any other country or foreign jurisdiction? Yes No
If yes, please state the details. (use a separate sheet if necessary): _____

7. Are you the subject of pending disciplinary actions by a licensing board located in the United States or any other country or foreign jurisdiction? Yes No
If yes, please state the details. (use a separate sheet if necessary): _____

8. Have you ever voluntarily surrendered or resigned a professional license to a licensing or certification board in the United States or any other country or foreign jurisdiction? Yes No
If yes, please state the details. (use a separate sheet if necessary): _____

BOARD OF STATE EXAMINERS OF PLUMBERS AND GAS FITTERS

9. Have you ever applied for and been denied a professional license in the United States or any other country or foreign jurisdiction? Yes No

If yes, please state the details. (use a separate sheet if necessary): _____

10. Have you ever been convicted of a felony or misdemeanor in the United States or any other country or foreign jurisdiction other than a traffic violation for which a fine of less than \$100.00 was assessed? ? Yes No

If yes, please state the details. (use a separate sheet if necessary): _____

The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records and other Federal and professional records may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity for a limited appearance before the Board.

11. I certify, under pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that failure to provide accurate information may be grounds for the Massachusetts Board of Registration of Plumbers and Gas Fitters to deny me the right to sit as a candidate or the suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. C.62C, S. 49A., to the best of my knowledge and belief, I have filed all State tax returns and paid all State taxes required by law.

SIGNATURE OF APPLICANT

CURRENT DATE

Subscribed and sworn to, before me, this _____ day of _____, 20_____

Notary Signature: _____

Notarial Seal:

My Commission Expires: _____



2" x 2" PASSPORT PHOTOGRAPHS

PLEASE ATTACH TWO (2) PHOTOGRAPHS
TAKEN NO LONGER THAN SIX (6) MONTHS AGO.



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STATEMENT OF EXPERIENCE
FOR LIMITED UNDILUTED LIQUEFIED PETROLEUM GAS INSTALLERS

Erasures, Mark Overs or White Outs are Unacceptable

1. _____
 FIRST NAME MI LAST NAME

2. _____
 ADDRESS CITY/TOWN ZIP CODE

EMPLOYER STATEMENT (1,000 hours minimum) - (PART A.2)

To be filled out by a licensed employer or other such supervising individual
holding a non-apprentice level construction related professional license

This is to certify that: _____ was employed by me as an individual to gain
 general experience on construction sites totaling _____ hours during the dates listed below.

_____ to _____
 MONTH/DAY/YEAR MONTH/DAY/YEAR (to present is not acceptable)

Company or Corporation Name: _____

License Number and Designation: _____ Original Date of Issue _____

_____ BUSINESS ADDRESS CITY/TOWN ZIP CODE

_____ TELEPHONE EMAIL

Can you show Social Security records for this employee? YES NO If you checked NO, please explain:

 As the licensed employer or licensed supervisor on behalf of the employer I hereby certify that the above statements are true and are made
 subject to the pains and penalties of perjury. In addition, I certify that for the entire time listed above, the applicant worked for me as a limited
 undiluted liquefied petroleum gas installer in training and not as an independent contractor or a subcontractor performing work as a limited or
 unlimited liquefied petroleum gas installer.

Signature of Employer: _____

NOTE 1: Photostats or Copies of this sheet will not be accepted.

**NOTE 2: If multiple employers are needed to accumulate the required 1,000 hours of work time, please use
 separate forms for each employer.**

(PART A.3) EMPLOYER STATEMENT (700 hours minimum)

To be filled out by a licensed employer or other such supervising individual holding a non-apprentice level construction related professional license

This is to certify that: _____ was employed by me as a Limited Undiluted Liquefied Petroleum Gas Installer in training on the dates listed below.

_____ to _____
MONTH/DAY/YEAR MONTH/DAY/YEAR (to present is not acceptable)

Company or Corporation Name: _____

License Number and Designation: _____ Original Date of Issue _____

_____ BUSINESS ADDRESS CITY/TOWN ZIP CODE

_____ TELEPHONE EMAIL

Can you show Social Security records for this employee? YES NO If you checked NO, please explain:

As the licensed employer or licensed supervisor on behalf of the employer I hereby certify that the above statements are true and are made subject to the pains and penalties of perjury. In addition, I certify that for the entire time listed above, the applicant worked for me as a limited undiluted liquefied petroleum gas installer in training and not as an independent contractor or a subcontractor performing work as a limited or unlimited liquefied petroleum gas installer.

Signature of Employer: _____



EDUCATION VERIFICATION - (PART A.4)

Please furnish documentary proof of completing a ten (10) hour Occupational Safety and Health Administration course in construction safety and health

(a photo-copy of your OSHA 10 card is sufficient)

NOTE 1: Photostats or Copies of this sheet will not be accepted.

NOTE 2: If multiple employers are needed to accumulate the required 1,000 hours of work time, please use separate forms for each employer.



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LIMITED UNDILUTED LP GAS INSTALLER
LICENSURE INFORMATION

General Information:

- Application fee is \$57.00 (Non-Refundable)
- A candidate may take the examination when the Board approves their application and the supporting documentation.
- The application is available online at the Plumbing Board Homepage { www.mass.gov/dpl/boards/pl }.
- Click on the link, "Applications and Forms."
- Select "Limited Undiluted Liquefied Petroleum Gas Installer Application."
- Applications are also available by request from the Board of State Examiners of Plumbers and Gas Fitters.

CHECKLIST FOR APPLICANT

The following must accompany your application for examination:

- ✓ Two (2) 2" x 2" Passport Photos
- ✓ Application fee of \$57.00 (Non-Refundable)
- ✓ Completed Application (Signed and Notorized)
- ✓ Completed Employer Statement (Minimum 1,000 work hours)
- ✓ Completed Employer Statement (Minimum 700 work hours)
- ✓ Completed Education Information (OSHA 10 Card)

Notice and Instruction sheet for CORI Acknowledgement Form

Dear Licensee:

If you checked "Yes" on Part (A) of your license application, in response to the question regarding the existence of any criminal convictions, the Board will review your Criminal Offender Record Information (CORI) record before proceeding further with the processing of your application.

Also noted on your application form, the State Criminal History Systems Board certifies the Board to receive from it and review criminal conviction and pending criminal case information.

The Criminal History Systems Board requires the Board to place a licensee on notice that a CORI check is in progress. Please complete the attached CORI notification acknowledgement form and return it with this letter and your application immediately to the Board. Any delay in completing and returning this form will delay the processing of your license application.

Upon receipt of this acknowledgment form, the Board will request and review your criminal record. If it is necessary for you to appear before the Board to answer questions about your CORI data, you will receive notification in advance. If after receipt and review of the criminal records it is not necessary for you to appear before the Board, the Board will continue processing your application for licensure.

Sincerely,

Joseph A. Peluso Jr.
Executive Director
Board of the Examiners of Plumbers and Gasfitters
Enclosure



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CORI ACKNOWLEDGEMENT FORM

I acknowledge the Division of Professional Licensure is certified by the Criminal History Systems Board [ID# MAREG G], to access data about my convictions and pending criminal case data. As an applicant for Limited Liquefied Petroleum Gas Installer Licensure, I understand a criminal record check, to review applicable convictions and pending criminal case information only, and it will not necessarily disqualify me.

APPLICANT INFORMATION

Last Name: _____	First Name: _____	MI: _____
Maiden Name or Alias (if applicable): _____		
Date of Birth: _____	Social Security # (Mandatory): _____	
Address: _____	State: _____	Zip: _____
Telephone: _____	Email: _____	

The information entered above is true and accurate to the best of my knowledge and is signed under the pains and penalties of perjury.

Applicant Signature: _____

CRIMINAL HISTORY SYSTEMS BOARD USE ONLY

RECORD ATTACHED: <input type="checkbox"/>	NO RECORD: <input type="checkbox"/>
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