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

VERIFICATION OF SCHOOL AND SHOP HOURS FOR 220 HOUR TIER LP INSTALLER PROGRAM

TO THE BOARD OF STATE EXAMINERS OF PLUMBERS AND GASFITTERS:

In connection with my application for an undiluted liquefied petroleum gas Installer 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

☐ 110 hour Tier 1 First Year Lesson for LP Installer Licensure
☐ 110 hour Tier 2 Second Year Lesson for LP Installer 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