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 UNDILUTED LIQUEFIED PETROLEUM GAS INSTALLER

Erasures, Mark Overs or White Outs are Unacceptable

Type or Print Name Clearly_____
First Middle Last

Residence_____
Number Street City or Town Zip Code

EMPLOYERS STATEMENT

This is to certify that:_____was employed by me as an undiluted liquefied petroleum gas installer in training performing supervised LP work from:

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

Total hours employed by me as a undiluted liquefied petroleum gas installer in training performing supervised LP work during this time: _____

Company or Corporation Name _____

LP Installer 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 undiluted liquefied petroleum gas installer in training and not as an independent contractor or a subcontractor performing non-LP work.

Signature of Employing LP Installer: _____

PHOTOSTATS OF THESE SHEETS ARE UNACCEPTABLE