

**OFFICE OF CONSUMER AFFAIRS  
DIVISION OF PROFESSIONAL LICENSURE**

**Board of State Examiners of Plumbers and Gasfitters**  
**1000 Washington Street, Suite 710**  
**Boston, MA 02118-6100**

**(1)**

This Agreement is by and between \_\_\_\_\_, as Provider and entity if applicable,  
(Name) \_\_\_\_\_ as agent on behalf \_\_\_\_\_ and the Board of State Examiners of Plumbers and Gas Fitters,  
do hereby agree with the Board to undertake the following obligations in furtherance of the Board's Mandatory Continuing Education  
(MCE) and if applicable, Professional Development (PD) requirements as established in 248 CMR 11:00  
 CHECK THIS BOX PRIOR TO MOVING TO BOX 2.

**(2)**

I will be the agent of and be responsible for any materials provided by the Board to (Provider)  
which pertains to its mandatory continuing education and if applicable, professional development requirements.  
 CHECK THIS BOX PRIOR TO MOVING TO BOX 3.

**(3)**

On behalf of \_\_\_\_\_ (Provider) I undertake responsibility for the security of any  
materials provided by the Board to me, as agent, which pertain to its mandatory continuing education and if applicable, professional  
development requirements.  
 CHECK THIS BOX PRIOR TO MOVING TO BOX 4.

**(4)**

In addition to the aforementioned, I will be the agent for any Board provided certificates, and data files on behalf of  
(Provider) \_\_\_\_\_  
I \_\_\_\_\_ (Name) and if applicable the entity, (Provider) \_\_\_\_\_ attest,  
under the pains and penalties of perjury, that no certificates or data files or other Board provided materials will be issue to any licensee  
of the Board who has not completed the mandatory continuing education and if applicable, professional development requirements as  
provided in 248 CMR 11:00  
 CHECK THIS BOX PRIOR TO MOVING TO BOX 5.

**(5)**

I fully understand that any misuse of the certificates, data files or other Board provided materials by myself or my designee, actual or  
implied, shall be grounds for the Board to initiate formal adjudicatory proceedings which may result in the suspension or revocation of  
any license issued and rights and privileges associated with this license and as a provider, instructor or designee of the continuing  
education program to me by said Board.  
 CHECK THIS BOX PRIOR TO MOVING TO BOX 6.

**(6)**

This Agreement is freely and voluntarily entered into by \_\_\_\_\_ (Name) on behalf of  
(Provid er) \_\_\_\_\_ and the Massachusetts Board of Examiners of Plumbers and Gas Fitters  
on this the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.  
Provider Pin Number \_\_\_\_\_ Security Access Number \_\_\_\_\_  
\_\_\_\_\_  
Signature of Agent

**NOTE: The Provider must have General and Fiduciary Liability insurance policies in the amount of \$1,000,000 each; and  
Workman's Compensation insurance in the amount of \$500,000.**