



Commonwealth of Massachusetts
Division of Professional Licensure
 Board of State Examiners of Plumbers and Gas Fitters
 1000 Washington Street, Suite 710 Boston MA – 02118-6100

APPLICATION FOR 3-YEAR EXTENSION OF PRODUCT APPROVAL

NOTES:

1. For accounting purposes, all checks, or money orders must be in U.S. Dollars and drawn on a U.S. Bank Account
2. The fee for each increment of 10-model numbers is 150.00 up to a maximum of 100-models totaling \$1,500.00.
3. **No additional fee**, per application for any amount of model numbers in excess of 100.
4. An installation manual must be submitted (on CD) for product(s) that required a disclaimer on the original approval.
5. Add this application to the CD plus the product list previously sent to the Board. Remove product(s) on the list that have been modified in any way. Utilize the "Modification Form for Product Approval" for such changes. (If uncertain, contact the Board).

WHERE TO SEND CORRESPONDENCE (SELECT ONE ONLY) MANUFACTURER REPRESENTATIVE

(1) TYPE OF PRODUCT (CHECK ALL THAT APPLY)

PLUMBING: <input type="checkbox"/>	NATURAL GAS <input type="checkbox"/>	PROPANE GAS <input type="checkbox"/>	COMBINATION <input type="checkbox"/>
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(2) MANUFACTURER'S INFORMATION

COMPANY:	ADDRESS:	
CITY/TOWN:	STATE:	ZIP:
TEL:	FAX:	EMAIL:
CONTACT NAME:	TITLE:	

(3) MANUFACTURER'S REPRESENTATIVE INFORMATION

COMPANY:	ADDRESS:	
CITY/TOWN:	STATE:	ZIP:
TEL:	FAX:	EMAIL:
CONTACT NAME:	TITLE:	

Date of original 1-Year approval:

Date of most recent extended approval:

By checking this box, you are certifying under the pains and penalties of perjury, that all of the information entered on this page, including attached documentation, is true and accurate and the products listed for a 3-year extended approval, are in compliance with the provisions of Chapter 142 of the General Laws and 248 CMR Massachusetts State Fuel Gas and Plumbing codes.

APPLICANT NAME:

TITLE:

DATE:

SIGNATURE OF APPLICANT

