



Commonwealth of Massachusetts
Office of Consumer Affairs
Division of Professional Licensure
Board of State Examiners of Plumbers and Gas Fitters
1000 Washington Street • Suite 710 • Boston • MA • 02118-6100

PRODUCT MODIFICATION FORM INSTRUCTIONS

1. Use this modification form for model number and/or model name changes, that are currently listed on the Product Acceptance Website. This form can also be used for cosmetic changes such as, the color, decorative trim and decorative hardware, etc.
2. Do not use this form for product changes made to any specific characteristics of the plumbing and/or gas design components such as valves, methods of connection, components, combustion design, safety devices etc..
3. No fee is required for model number, or model name changes.
4. Include with this form, an excel spreadsheet, cross-referencing the old model(s) with the new model(s).

PRODUCT MODIFICATION FORM

(1) MANUFACTURER'S INFORMATION

MANUFACTURER:	ADDRESS:	
CITY:	STATE:	ZIP:
TEL:	FAX:	EMAIL:
POC:	TITLE:	

(2) MANUFACTURER'S REPRESENTATIVE INFORMATION

COMPANY:	ADDRESS:	
CITY:	STATE:	ZIP:
TEL:	FAX:	EMAIL:
POC:	TITLE:	

ORIGINAL APPROVAL DATE:

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, to include attached documentation, is true and accurate, and the products listed are in compliance with the provisions of Chapter 142 of the General Laws, 248 CMR Massachusetts State Fuel Gas and Plumbing codes and other product applicable codes and standards..

APPLICANT NAME:

TITLE:

SIGNATURE OF APPLICANT

DATE: