Commonwealth of Massachusetts
DIVISION OF PROFESSIONAL LICENSURE
Board of Examiners of Sheet Metal Workers
1000 Washington Street, Suite 710,
Boston, Massachusetts 02118-6100

STATEMENT OF EXPERIENCE FOR SHEET METAL WORKERS
Erasures, Mark Overs or White Outs are Unacceptable

Type or Print Name Clearly
First Middle Last

Residence
Number Street City or Town Zip Code

Apprentice Sheet Metal Worker License Information:
License Number Date of Issue

MASTER EMPLOYER STATEMENT

This is to certify that: ___________________________ was employed by me as a licensed sheet metal apprentice performing supervised sheet metal work from:

_________________________ To ___________________________ Month/Day/Year To Month/Day/Year (to present is unacceptable)

Total hours employed as a licensed apprentice performing supervised sheet metal work during this time: ______________

Note: Vocational school Co-op employment hours may not be included.

Company or Corporation Name ___________________________

Master 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 apprentice sheet metal worker and not as an independent contractor or a subcontractor performing non-sheet metal work.

Signature of Employing Master Sheet Metal Worker: ___________________________

FORM MUST BE ORIGINAL – PHOTO-COPY OF THESE SHEETS ARE UNACCEPTABLE