

BOARD OF EXAMINERS OF SHEET METAL WORKERS

Instructions for *APPRENTICE* license application

1. **Please read all instructions before starting your application.** The intent of this application is to determine whether the applicant meets the licensing requirements. If you have any questions, contact the Board before mailing the application. Incomplete applications will be significantly delayed. Because of the high volume of telephone calls, email is highly recommended. See www.mass.gov/dpl/boards/sm for a link to the latest email and phone information.
2. This is an application for a Class A - Apprentice Sheet Metal Worker License. To qualify for the Class A license applicants must submit a complete application with non-refundable fee, be of good moral character and be at least 17 years of age.
3. For data collection purposes please indicate any relevant pre-apprentice education and/or training you have received: Vocational/Technical High School, a proprietary school, a union program, on-the-job training, or a combination.
4. If you are ineligible for a Social Security Number, contact the Board for instructions.
5. Please note the address that you choose as your mailing address is **public record** and will be released to anyone upon request.
6. During apprenticeship candidates may submit to the Board a written request to consider prior experience and/or education for eventual approval for journeyman licensure. The request must contain detailed supporting information regarding such training and education. In no case shall an apprenticeship experience be less than 36 calendar months.
7. If you have been charged or convicted of a crime you must list all offenses. By statute, dispositions of “continued without finding” (“CWF”) or “admission to sufficiency of facts” must be reported. Do not include minor traffic offense(s), however you must report OUI’s and Operating after/with a suspended license or registration.
8. Include a check or money order for \$ 65.00 in U.S. funds made payable to the **Commonwealth of Massachusetts**. The fee is **not** refundable. Please note that your application will not be processed without the correct fee. The initial fee includes both application processing and your first license.

APPRENTICE SHEET METAL WORKER
LICENSE APPLICATION

1) Applicant Name: _____
Last First Middle

Maiden Name/Other Name: _____

2) Permanent Address: _____
No. Street Apt. #

City/Town State Zip Code

3) Date of Birth (mm/dd/yyyy) _____

4) E-mail: _____
Please note: EMAIL is the primary means of contact for routine correspondences during the application process.

5) Telephone Number-Day: _____ Evening: _____

6) Educational Background:

High School Name: _____ Location: _____ Years: _____

Sheet Metal training: _____ Location: _____ Years: _____

7) List **all** professional licenses/certifications you have held in the United States, or any country or foreign jurisdiction, and the state/jurisdiction from which the license/certification was originally issued. Enclose a certificate of standing from each state or jurisdiction **outside Massachusetts** in which you have been licensed/certified, indicating the status of your license and any disciplinary information. _____

8) Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: No:
If yes, please state the details (use a separate sheet if necessary): _____

9) Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: No:
If yes, please state the details (use a separate sheet if necessary): _____

10) Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: No:
If yes, please state the details (use a separate sheet if necessary): _____

11) Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: No: If yes, please state the details (use a separate sheet if necessary): _____

12) Have you ever been convicted of, or admitted to, a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$200.00 was assessed? Yes: No: If yes, please state the details (use a separate sheet if necessary): _____

13) Have you ever been charged with a criminal violation which led to a disposition of “continued without a finding”(“CWOFF”) or admission to sufficiency of facts? Yes: No:

If you have been enrolled in the NCIC Identity Theft File by the CHSB, please provide your ID theft index PIN: _____

NOTE: The Board has received certification by the Criminal History Systems Board (ID# MAREG G) to access data about convictions and pending criminal cases. Your signature on this application allows the Board to conduct criminal background checks for conviction, non-conviction, and pending criminal case information only, on an ongoing basis, and that it will not necessarily disqualify you from licensure (or later license renewal). Other Federal and professional records may also be checked. The Board will not deny you a license (license renewal) based on criminal information prior to giving you an opportunity for a limited appearance before the Board.

14) Please provide any trade related education and/or training:

| Employer/School | Address | Telephone | Dates |
|------------------|---------|-----------|-------|
| Employer/ School | Address | Telephone | Dates |
| Employer/School | Address | Telephone | Dates |
| Employer/School | Address | Telephone | Dates |

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Examiners of Sheet Metal Workers to deny me the right to as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c.62C, §49A, to the best of my knowledge and belief, I have filed all Massachusetts tax returns and paid all Massachusetts taxes required by law.

Signature of applicant

Date of Birth (mm/dd/yyyy)

Date

STATEMENT OF THE EMPLOYING MASTER SHEET METAL WORKER:

I _____
(Please Print Name of Employing Master Sheet Metal Worker) (License Number)

Operating a Sheet Metal Company under the business firm name of _____

Located at: _____
(Address) (City/Town) (State) (Zip Code)

Telephone Number: _____ - _____ - _____ do hereby make application to register
_____ as an apprentice sheet
(Please Print Name of Apprentice Applicant)

metal worker. I herby certify that the apprentice will be employed by me and will work under the direct supervision of a journeyman sheet metal worker in my employ in accordance with the provisions of 271 CMR 5.02 (2). I have verified that all of my employees possess a current license in good standing with the Board of Examiners. I herby certify that the previous statements are true and are made under the pains and penalties of perjury.

Signature of Employing Master Sheet Metal Worker: _____

**YOU MUST INCLUDE THIS
APPLICATION CHECKLIST
WITH YOUR APPLICATION**

In checking each box below, I certify, under the pains and penalties of perjury, the truth of the corresponding statement:

- I have read the “Instructions for Class A – Apprentice Sheet Metal Worker License Application”.
- I have enclosed a completed “License Application” form.
- I have enclosed sealed, official, certificates of standing from each jurisdiction (outside of MA) in which I have held a professional sheet metal license or certification.
- I have enclosed a \$ 65.00 Check/Money Order payable to: **Commonwealth of MA.**

MANDATORY

My social security number is:

- -

Pursuant to G.L. c. 62C, § 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

Signature of applicant

Date of Birth (mm/dd/yyyy)

Date

Mail your application materials to:

DPL - Board of Sheet Metal, 1000 Washington Street – Suite 710, Boston, MA, 02118-6100.

Revised 4/1/10

