



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

**PROJECT APPROVAL APPLICATION**

**APPLICATION FOR APPROVAL AUTHORIZATION TO PERFORM SHEET METAL WORK  
BY STUDENTS OF A STATE AIDED ALL DAY VOCATIONAL SCHOOL**

**PLEASE NOTE: THIS APPLICATION IS NOT APPROVED UNTIL A BOARD STAMPED APPROVAL  
AUTHORIZATION IS RETURNED TO THE SCHOOL ADMINISTRATOR OR DESIGNEE.**

**LOCAL SHEET METAL PERMITS and INSPECTIONS ARE REQUIRED**

**NAME OF SCHOOL:**

**TEL:**

**ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

Has this lesson been approved by the local school administration? Yes  No

**(A COPY OF THE ABOVE LESSON APPROVAL MUST ACCOMPANY THIS APPLICATION.)**

**Name of Licensee who is employed by the school as the Massachusetts Instructor/Department Head  
who will be the Sheet Metal Permit Holder of Record for this Project:**

Name: \_\_\_\_\_ Master License No. \_\_\_\_\_ or Journeyman License No. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)

Sheet Metal Department Head: (Signature Required)



**Briefly Explain:**

(A) How is this Project Lesson intended to benefit the students of your Program?

(B) How will Students be permitted to participate in this Project Lesson?

(C) What Grade Levels will Participate?

(D) What is the Number of projected Students Per Sheet Metal Instructor at the Project Lesson Site?

(E) Additional Licensed Massachusetts Instructors for this Project:

Name: Master/Journeyperson License #:

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Name: Master/Journeyperson License #:

Name: Master/Journeyperson License #:

<p><b>FOR OFFICIAL BOARD USE ONLY</b></p> <p><b>APPROVED BY:</b> _____</p> <p><b>DATE:</b> _____</p>	<p><b>BOARD APPROVAL STAMP</b></p>
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