



**Commonwealth of Massachusetts  
Office of Consumer Affairs  
Division of Professional Licensure  
Board of examiners of Sheet Metal Workers  
1000 Washington Street • Suite 710 • Boston •  
Massachusetts • 02118-6100**

**APPLICATION FOR APPEAL OF AN INSPECTOR'S DECISION**

FEE: \$100.00 - PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS - NON REFUNDABLE

APPELLANT'S NAME:	ADDRESS:
CITY/TOWN:	STATE: ZIP CODE:
TEL:	FAX: EMAIL:

APPEAL TYPE:

DUCT WORK  AIR TESTING  OTHER

APPEAL SITE ADDRESS: CITY/TOWN:

APPLICABLE LAW(S) / SECTION(S):

APPLICABLE 271 CMR SHEET METAL SECTION(S):

INSPECTOR NAME:	LOCAL <input type="checkbox"/> STATE <input type="checkbox"/>	APPEAL DATE: (mm/dd/yyyy)
WITNESS NAME [1]	TEL:	
WITNESS NAME [2]	TEL:	

REASON FOR APPEALING INSPECTOR'S DECISION

IF ADDITIONAL SPACE IS REQUIRED, ATTACH ADDITIONAL PAGE(S)

I hereby certify under the pains and penalties of perjury that the information I have submitted regarding this appeal is true and accurate to the best of my ability.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

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