



**Commonwealth of Massachusetts  
Office of Consumer Affairs  
Division of Occupational Licensure  
Board of examiners of Sheet Metal Workers**

**1 Federal Street • Suite 0600 • Boston •  
Massachusetts • 02110-2012**

**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 ☐

STATE ☐

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)