



**Commonwealth of Massachusetts**  
**Division of Professional Licensure**  
**Board of State Examiners of Plumbers and Gas Fitters**  
 1000 Washington Street, Suite 710 • Boston • Massachusetts • 02118-6100

**APPEAL OF AN INSPECTOR'S DECISION**

FEE - \$86.00 – MAKE CHECK PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS

**APPELLANT INFORMATION**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ LICENSE NUMBER (if applicable): \_\_\_\_\_  
 TEL: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**APPEAL SITE INFORMATION**

SITE ADDRESS: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_  
 DATE OF INSPECTOR DECISION (Appeal must be within 10 days per M.G.L. c. 142, s. 13): \_\_\_\_\_  
 APPLICABLE GENERAL LAW OR CMR: \_\_\_\_\_  
 DECISION OF THE INSPECTOR: \_\_\_\_\_

IF ADDITIONAL SPACE IS REQUIRED, ATTACH PAGE(S) TO THIS FORM

**REASON FOR APPEAL**

IF ADDITIONAL SPACE IS REQUIRED, ATTACH PAGE(S) TO THIS FORM

**INSPECTOR INFORMATION**

INSPECTOR NAME: \_\_\_\_\_ TEL: \_\_\_\_\_

Send this form to the Board office at the above address, along with the fee, a copy of any permits, and a copy of the inspector's decision (if in writing). You also must send a copy of all submitted documents to the Inspector whose decision you are appealing.

I certify under pains and penalties of perjury that the information contained in this appeal form and accompanying documents is true and correct, to the best of my knowledge.

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 SIGNATURE OF APPELLANT

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 DATE