



The 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

PLUMBING BUSINESS LICENSE APPLICATION

\$225.00 Application Fee by check only – Payable to “Commonwealth of Massachusetts”
MUST BE FILLED OUT BY THE MASTER PLUMBER OF RECORD

PLEASE PRINT CLEARLY

I would like to:

Apply for a New Plumbing Business License

Change the Master Plumber for an existing Business License

Application Date: _____

Master Plumber Name _____
Last Name First Name MI

Address: _____
Street City/Town State Zip Code

License Information: _____
Master Number Date of Issue Serial Number on License

Full Name of Business: _____

Address of Business: _____

City/Town State Zip Code Business Federal Tax ID Number (FIEN)

Business Phone: _____ Cell Phone: _____ email: _____

Please note: EMAIL is the primary means of contact for routine correspondences during the application process.

Social Security Number (Mandatory): _____ **Date of Birth:** _____

Pursuant to G.L. c.62C, s. 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.

What is the legal structure of this company?

Corporation: _____ LLC: _____

For Corporations: How many years has this company been incorporated? _____

If the company is doing business under another name (DBA) please provide the name:

Name of Business (DBA)

In the section below, please provide the names, addresses and titles of all of the managers, officers, directors, partners and/or members of this plumbing business.

Last Name: _____ First Name: _____ MI: _____ Lic.#: _____

Number _____ Street _____ City/Town _____ State _____ Zip Code _____

Last Name: _____ First Name: _____ MI: _____ Lic.#: _____

Number _____ Street _____ City/Town _____ State _____ Zip Code _____

Last Name: _____ First Name: _____ MI: _____ Lic.#: _____

Number _____ Street _____ City/Town _____ State _____ Zip Code _____

Last Name: _____ First Name: _____ MI: _____ Lic.#: _____

Number _____ Street _____ City/Town _____ State _____ Zip Code _____

List **all** professional licenses/certifications you have held in the United States, or any country or jurisdiction, and the state/jurisdiction from which the license/certification was originally issued.

Type of License: _____ Jurisdiction: _____ License Number: _____

Type of License: _____ Jurisdiction: _____ License Number: _____

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):

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):

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):

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):

Have you ever been convicted of, or admitted to, a felony or misdemeanor in the United States or any country or foreign jurisdiction? Yes: No:

If yes, please state the details (use a separate sheet if necessary):

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

If yes, please state the details (use a separate sheet if necessary):

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 Plumbers and Gas Fitters to deny me the right to sit 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 _____

FOR ALL LLC'S

**** This page should be filled out only for an LLC LICENSE ****

YOU MUST INCLUDE THIS CHECKLIST WITH YOUR APPLICATION

I have included with this application a signed and stamped copy of the Certificate of Organization from the Secretary of State for the Commonwealth of Massachusetts

The installation of "PLUMBING WORK" is clearly stated as one of the disciplines in the Certificate of Organization from the Secretary of State for the Commonwealth of Massachusetts.

As the applicant and the Master Plumber of record, I am listed as a Manager of the LLC.

I have included the "CORI Authorization Form"

I have included the \$ 225.00 non-refundable application / license fee payable to the
"Commonwealth of Massachusetts"

FOR CHANGES TO AN EXISTING LLC WHILE RETAINING THE CURRENT LICENSE NUMBER

If the former Master Plumber has been terminated or resigned: I have included with this application a notarized letter showing that the former Master Plumber of record has resigned, been terminated or is otherwise disassociated from this LLC and the reason you wish to keep the existing LLC License Number.

If the former Master Plumber has passed away: I have included a copy of the death certificate for the former Master Plumber of record.

I have included the current LLC license issued to the former Master Plumber of record in this application.

I have included a copy of the certificate of change of manager showing my appointment as a manager of this LLC with in this application.

I have included with this application the original and new Certificate of Organization from the Secretary of State for the Commonwealth of Massachusetts.

I certify, under pains and penalties of perjury that the information on this form is true and accurate.

Signature of Master Plumber

Date of Birth (mm/dd/yyyy)

Date

Mail your completed application to:
Board of Examiners of Plumbers and Gas Fitters
1000 Washington Street – Suite 710
Boston, MA, 02118-6100

FOR ALL CORPORATIONS

**** This page should be filled out only for a CORPORATION LICENCE ****

YOU MUST INCLUDE THIS CHECKLIST WITH YOUR APPLICATION

I have included with this application a signed and stamped copy of the Articles of Organization from the Secretary of State for the Commonwealth of Massachusetts

The installation of "PLUMBING WORK" is clearly stated as one of the disciplines in the Articles of Organization from the Secretary of State for the Commonwealth of Massachusetts.

As the applicant and the Master Plumber of record, I am listed as an Officer of the Corporation. (Directors are not acceptable)

I have included the "CORI Authorization Form"

I have included the \$ 225.00 non-refundable application / license fee payable to the "**Commonwealth of Massachusetts**"

FOR CHANGES TO AN EXISTING CORPORATION WHILE RETAINING THE CURRENT LICENSE NUMBER

If the former Master Plumber has been terminated or resigned: I have included with this application a notarized letter showing that the former Master Plumber of record has resigned, been terminated or is otherwise disassociated from this Corporation and the reason you wish to keep the existing Corporation License Number.

If the former Master Plumber has passed away: I have included a copy of the death certificate for the former Master Plumber of record.

I have included the current Corporation license issued to the former Master Plumber of record in this application.

I have included a copy of the amended Articles of Organization showing my appointment as an officer of this Corporation with in this application.

I certify, under pains and penalties of perjury that the information on this form is true and accurate.

Signature of Master Plumber

Date of Birth (mm/dd/yyyy)

Date

Mail your completed application to:
Board of Examiners of Plumbers and Gas Fitters
1000 Washington Street – Suite 710
Boston, MA, 02118-6100

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

Board of Registration

License Type

NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.

SUBJECT INFORMATION: (An asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

*Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

SECTION A: VERIFICATION BY DPL EMPLOYEE: I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:¹

Passport State-issued driver's license Military identification State-issued identification card

VERIFIED BY: _____
Name of Verifying DPL Employee (Please Print)

Signature of Verifying DPL Employee (Please Print) Date

SECTION B: VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:¹

Passport State-issued driver's license Military identification State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:

Notary Commission Expires On:

¹ If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by the other forms of identification documentation as determined by DCJIS. 803 CMR 2.09 (2).