

## **PARTNERSHIPS**

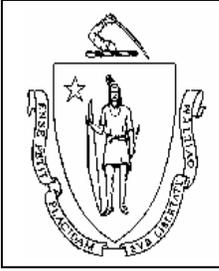
### **EXCERPT FROM SECTION 3B OF CHAPTER 142 G.L.**

A person duly licensed in the commonwealth as a master plumber or as a master gas fitter may apply to the examiners for a certificate of a plumbing partnership or a certificate of a gasfitting partnership upon payment of a fee and biennial renewal fee. the amounts of which shall be determined annually by the commissioner of administration under the provision of section three B of chapter seven for the filing thereof. A certificate of a plumbing partnership shall authorize a master plumber to conduct the plumbing and gasfitting business as a partnership, a certificate of a gasfitting partnership shall authorize a master gasfitter to conduct the gasfitting business as a partnership; provided, that all partners in a plumbing partnership are master plumbers and in a gas fitting partnership all partners are master gasfitters.

A copy of all paperwork as filed and stamped by the Secretary of State for the Commonwealth of Massachusetts must accompany the application with the current

fee of \$150.00

partinst



FOR OFFICE RECORDS ONLY  
 CERT. NO \_\_\_\_\_  
 DATE ISSUED \_\_\_\_\_

The Commonwealth of Massachusetts  
**Division of Professional Licensure**  
 1000 Washington Street, Suite 710, Boston, MA 02118-6100  
 Board of State Examiners of Plumbers and Gas Fitters  
 (617) 727-9952

Forms available at <http://www.mass.gov/dpl/boards/pl/forms.htm>

**APPLICATION FOR ISSUANCE OF A PLUMBERS PARTNERSHIP CERTIFICATE  
 \$150.00**

\_\_\_\_\_  
 (Name-Please Print) (Date of Birth) Social Security Number (Mandatory)  
 (Master Gas Fitter License) \_\_\_\_\_

\_\_\_\_\_  
 (Name-Please Print) (Date of Birth) Social Security Number (Mandatory)  
 (Master Gas Fitter License) \_\_\_\_\_

Pursuant to G. L. c. 62C, sec. 47A, your social security number is required by law.

\_\_\_\_\_  
 (Residence Street and Number) (City or Town) (State) (Telephone Number)

do hereby make application for the issuance of a Certificate of a Plumber Partnership authorizing me, under my Master Plumber license, to conduct a Plumbing business as a Partnership, providing that all such partners are licensed by the Commonwealth of Massachusetts as Master Plumbers in accordance with the provisions of Chapter 731 of the Acts of 1969, as amended by Chapter 843 of the Acts of 1977.

NAME OF PLUMBING PARTNERSHIP \_\_\_\_\_

LOCATION \_\_\_\_\_  
 (Street and Number) (City or Town) (State) (Telephone Number)

List below the names, addresses, office held, and registration numbers of Master Plumber associated with Partnership.

(Name)	(Office Held)	(Residence)	(City or Town)	(State)	(Master Plumber Licensees)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I hereby certify, under penalty of perjury, that all of the statements contained herein are true that this Plumbing Partnership will be conducted in compliance with provisions of Chapter 731 of the Acts of 1969, as amended by Chapter 843 of the Acts of 1977. I hereby agree to notify the Board of State Examiners of Plumbers and Gas Fitters at once of any changes in partners of the partnership.

\_\_\_\_\_  
(Name of Plumbing Business Partnership)

Signature of all Master Plumbers required below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT THE COMMONWEALTH OF MASSACHUSETTS**

County of \_\_\_\_\_ 20\_\_\_\_\_

Personally appeared the above named \_\_\_\_\_  
on behalf of the aforementioned partnership and being duly sworn, deposed and  
says that he/she is the person named therein, and who signed the foregoing  
application and the statements contained herein are true.

\_\_\_\_\_  
NOTARY PUBLIC

NOTARIAL  
SEAL

gas partnership