

### 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

# APPLICATION FOR REINSTATEMENT OF EXPIRED APPRENTICE LICENSE

Requirements for reinstatement of expired licenses are established by the Board of State Examiners of Plumbers and Gas Fitters in regulation 248 CMR 11.04 (5) and may be viewed on the Board's website at: <a href="https://www.mass.gov/dpl/boards/pl">www.mass.gov/dpl/boards/pl</a>.

## PLEASE PRINT CLEARLY

**Section I: Applicant Information** 

First Name:

Middle Initial

Last Name			I IISLINAIIIE		ivildale i	riiliai
Residence:	mber	Address		City/Town	State	Zip Code
				•		·
Home Phone: _		_ Cell Phone:		_ Emaii:		
Social Security	Number (Last six digits	only):		Date of Bi	rth:	
		Section II: Abou	ut License to be Rei	nstated		
Apprentice Lice	ense Number to be re	instated:		Check one:   P	lumbing 🗖	Gas Fitting
Date Apprentic	e License Expired: _		Date Apprentic	ce License was first	Issued:	
Was a)	your license valid for **** If you ch Evidence you are er	ecked yes, you r	<b>nust</b> submit with the	nis application either	****	No
b)	Documentation by a				lisabling cor	ndition that h
,	prevented you from		•		<u> </u>	
		Section	ı III: <u>Attestations</u>			
jurisdiction taken	our license has been expire any disciplinary action aga ide detailed information.					or foreign No
During the time yo	our license was expired, hausetts? Yes No	ave you held yoursel If yes, pleas		gas fitter or otherwise pr	acticed plumb	ing or gas
	our license has been expire			misdemeanor other than llease provide detailed in		tion in the
The Board is certif	ied by the Massachusetts	Criminal History Sys	tems Board (ID# MARE	EG Gl to access data abo	ut convictions	and pending

criminal cases. Those records-and other Federal and professional records-may be checked as part of the licensing process.



Lact Name:

TEL: 617-727-9952 FAX: 617-727-6095 TTY/TDD: 617.727.2099 http://www.mass.gov/dpl/boards/pl

## Section IV: SPECIAL REQUIREMENTS FOR REINSTATING OLDER LICENSES Was your apprentice license issued prior to September 1, 2008? Yes ■ No If No, you may skip this section and proceed to the Certification below, otherwise continue. ☐ Yes ■ No Did your license last expire in 2018? If Yes, you may skip this section and proceed to the Certification below, otherwise continue. Has your license been valid at any point since September 1, 2008 (aka you held a license that expired May 1, 2010 or later)? ☐ Yes – continue to the next question ☐ No – See the section on Ineligible Licenses below Since originally obtaining your apprentice license, have you obtained any plumbing/gas education or work experience (obtained legally while your license was valid)? ☐ Yes – You are eligible to reinstate your license, please provide written proof of plumbing/gas education or work experience with this application. ☐ No – See the section on Ineligible Licenses below **Section V: INELIGIBLE LICENSES** If, based on the above questions, you are ineligible to renew your expired apprentice license, you are still eligible to obtain a new apprentice license. When upgrading, you may utilize any legally obtained education/work experience, however, the amount of required education/work experience will be based on rules applicable to newly issued licenses, thus you will not benefit from any "grandfathering", such as lower upgrading requirements for licenses issued prior to September 1, 2008. In addition to the certification, please initial the following to indicate your understanding and agreement of these requirements: **INITIAL HERE** I certify that I agree and understand that I am not eligible to reinstate my old apprentice license but will instead be issued a new apprentice license. I further agree and understand that if I later wish to upgrade to a higher level license, that upgrading will be based on rules applicable to my new apprentice license. **Section VI: CERTIFICATION** 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 my application and/or the right to obtain future licensure or to suspend or revoke a license issued to me in accordance with Massachusetts Law.

Date

Signature of Applicant

# 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 Acknowledgemer	t Form is true and accurate.	·
Signature	Date	
Please provide the name of the board	of registration and license type for which you are applyir	ng or currently hold:
Board of State Examiners of Plumb	ers and Gas Fitters 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 INF	ORMATION: (An asterisk (*)	denotes a required field	d)		
*Last Name	*First Name	Middle Name	Suf	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. Ey	ye Color:			
Driver's License	e or ID Number:	State of Issue	9:		
Current and For	rmer Addresses:				
Number	Name	City/Tov	vn State	Zip Code	
Number	Name	City/Tov	vn State	Zip Code	
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 Date				<u>е</u>	
SECTION B: V	ERIFICATION BY NOTARY:				
	day of, 20, ctory evidence of identification, w				
through satisfac	ctory evidence of identification, w	hich was the following:1			
Passport	State-issued driver's license	Military identification	State-issued identi	fication card	
to be the person me that (he) (sh	n whose name is signed on the pare is signed it voluntarily for its sta	preceding or attached door ted purpose.	cument, and acknow	ledged to	
Notary Public: Notary Commission Expires On:					

<sup>&</sup>lt;sup>1</sup> 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).