



The Commonwealth of Massachusetts  
**DIVISION OF OCCUPATIONAL LICENSURE**  
BOARD OF STATE EXAMINERS OF PLUMBERS AND GAS FITTERS  
1 Federal Street, Suite 0600 – Boston, Massachusetts 02110-2012

## **APPLICATION FOR REINSTATEMENT OF EXPIRED LICENSE**

Continuing education 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: [www.mass.gov/dpl/boards/pl](http://www.mass.gov/dpl/boards/pl).

### **PLEASE PRINT CLEARLY**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Residence: \_\_\_\_\_  
Number Address City/Town State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

Social Security Number (Last six digits only): \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### **License Number to be reinstated:**

AP: \_\_\_\_\_ JP: \_\_\_\_\_ MP: \_\_\_\_\_ AG: \_\_\_\_\_ JG: \_\_\_\_\_ MG: \_\_\_\_\_ LP: \_\_\_\_\_

In the time that your license has been expired, has a licensing/certification board located in the United States or any country or foreign jurisdiction taken any disciplinary action against you, or are you the subject of any open or pending action? Yes No  
If yes, please provide detailed information.

\_\_\_\_\_

During the time your license was expired, have you held yourself out as a plumber or gas fitter or otherwise practiced plumbing or gas fitting in Massachusetts? Yes No If yes, please explain

\_\_\_\_\_

In the time that your license has been expired have you been convicted of a felony or misdemeanor other than a traffic violation in the United States or any country or foreign jurisdiction? Yes No If yes, please provide detailed information.

\_\_\_\_\_

The Board is certified by the Massachusetts Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records-and other Federal and professional records-may be checked as part of the licensing process.

I hereby subscribe to and vouch for the statements made herein to be accurate and true in every respect and I am signing this document of my own free will without coercion this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Signature of Applicant**

***You must attach all continuing education certificates to this application relative to the time your license was expired.***

Upon application review, the Board may request additional information or impose additional requirements for reinstatement, including continuing education, additional education and/or passing the appropriate examination.



# CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Division of Occupational Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Occupational 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 Occupational 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 Occupational Licensure written notice of my intent to withdraw consent to a CORI check.

## FOR LICENSING PURPOSES ONLY:

The Division of Occupational 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 Occupational 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: DOL 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 DOL 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:

\_\_\_\_\_  
Number                      Name                      City/Town                      State      Zip Code

\_\_\_\_\_  
Number                      Name                      City/Town                      State      Zip Code

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

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

VERIFIED BY: \_\_\_\_\_  
Name of Verifying DOL Employee

\_\_\_\_\_  
Signature of Verifying DOL Employee                      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:<sup>1</sup>

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:

<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).