

## **Division of Occupational Licensure**

Office of Public Safety and Inspections 1 Federal Street Suite 0600, Boston, MA 02110-2012

## APPLICATION FOR SPRINKLER CONTRACTOR LICENSE

Application must be filled out in ink and accompanied by a non-refundable \$100.00 processing fee

Processing fee must be in the form of a check or money order made out to the "Commonwealth of Massachusetts"

Full Name:	(Print Legibly)	Social	Security No.:				
				(Required)			
Home Address:	(Street)	(City)	(State)	(Zip Code)			
Mailing Address:	, ,	,	,	( )			
	(Street)	(City)	(State)	(Zip Code			
Date of Birth:	Email Address:	<del></del>	Telephone No.:				
Name of Employer:		Employer's Telephone No.:					
Employer's Address:	(Street)	(City)	(State)	(Zip Code)			
Employment Title:	(Officer)		(Otalio)				
Have you ever examine Massachusetts Sprinkle (List the last three dates you	r Fitter licenses?	☐ <b>YES</b> , When?	DNO				
Do you now, or have yo	u held any of the Massachusett	s Sprinkler Fitter licenses	6? □ YES	□ №			
If YES, list the license n	umber:		<del></del>				
(License Number		(License Grade)	(Expiration)				

Did y	you authorize OPSI to use your RMV photo or enclose a 2" by 2" photo? (Required)		YES		NO		
	Did you include your \$100.00 processing fee? (Non-Refundable - Check or Money Order)		YES		NO		
	nclude documentation that you are an owner, partner, officer, or in a full time nagement position with a Massachusetts sprinkler contractor? (Required)		YES		NO		
	nclude Documentation from your employer that you have worked at least <b>five</b> s in the fire protection sprinkler system business in a management position? (Must include Massachusetts Sprinkler Contractor License Number)		YES		NO	-	ompleted in urisdiction.
Die	d you include documentation from an approved school demonstrating  300 Hours of additional study post apprenticeship?  (Must include certificates or diplomas from OPSI approved schools)		YES		NO		ompleted training I not approved by
prenticeshi	has documentation that requirements have been met in another jurisdiction that are the eq ip – Submit all documentation with this application. After review, your application MAY be d Sprinkler Fitters who may allow the candidate to sit for examination.					s requirem	ents for completion
applica	the penalties of perjury I certify that to the best of my knowledge ation is true, I have paid all State Taxes, and I have paid any and a of Public Safety and Inspections which are required under Law.						
	Signature of Applicant  REQUISITES:  f the following items MUST BE SUBMITTED WITH THE APPLICA	ATION		Date der fo	or yo	ur applic	eation to
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PLEASE MAIL ALL COMPLETED APPLICATIONS, ALONG WITH THE NON-REFUNDABLE APPLICATION PROCESSING FEE, TO THE ADDRESS BELOW:

Division of Occupational Licensure
Office of Public Safety and Inspections
1 Federal Street Suite 0600
Boston, MA 02110-2012
ATTN: CASHIERS OFFICE

\* INCOMPLETE APPLICATIONS WILL NOT BE SCHEDULED FOR EXAMINATION UNTIL ALL MISSING DOCUMENTATION IS SUBMITTED.