

# VERIFICATION OF SCHOOL AND SHOP HOURS FOR THE 220 HOUR TIER LP INSTALLER PROGRAM

Do you have a High School Diploma or GED?    Yes:                      No:

If yes, please include with this application a copy of your diploma, transcripts or G.E.D. for Board review.

If no, please contact the Board for further information. Please note, a high school diploma or G.E.D. is required to apply for this license.

Have you completed the required hours of classroom education training (220 hours)    Yes:                      No:

If no, please contact the Board for further information. Please note, 220 hours of classroom education is required for all individuals who are requesting permission to take the LP Installer exam.

Have you completed the required hours of work experience (3400 hours)    Yes:                      No:

If no, please contact the Board for further information. Please note, 3400 hours of supervised work experience is required for all individuals who are requesting permission to take the LP Installer exam.

## **EDUCATION VERIFICATION FORM**

The section directly below **MUST** be completed by school officials

Subject to the rules set forth in Section 4 of Chapter 142 of the General Laws, I attest the following information is correct:

\_\_\_\_\_  
Name of LP Installer in Training

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Date of Enrollment

\_\_\_\_\_  
Date Course was Completed

During that time, this student successfully completed the following classroom education meeting the requirements of 248 CMR 11.00:

110 hour Tier 1 First Year lesson for LP Installer Licensure

110 hour Tier 2 Second Year lesson for LP Installer Licensure

\_\_\_\_\_  
Name and Title of Designated School Official – Type or Print

\_\_\_\_\_  
Signature of Designated School Official

\_\_\_\_\_  
Name of Licensed Instructor

\_\_\_\_\_  
LP or MGF License Number

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
School Phone Number

\_\_\_\_\_  
Instructor email address

\_\_\_\_\_  
Date

# **STATEMENT OF EXPERIENCE FORM**

**Erasures, Mark Overs or White Outs are Unacceptable**

Type or Print Name Clearly \_\_\_\_\_  
First Name MI Last Name

Residence \_\_\_\_\_  
Number Street City or Town Zip Code

## **LP INSTALLER VERIFICATION OF EMPLOYMENT**

The section directly below **MUST** be completed by the employing LP Installer

This is to certify that: \_\_\_\_\_ was employed by me as an LP Installer in training performing supervised LP work from:

\_\_\_\_\_ To \_\_\_\_\_  
Month/Day/Year Month/Day/Year (to present is unacceptable)

Total hours employed as an LP Installer in training supervised LP work during this time: \_\_\_\_\_

Company or Name (If Applicable) \_\_\_\_\_

Name of Employing LP Installer (Please Print) \_\_\_\_\_

LP Installer License Information \_\_\_\_\_  
License Number Date of Issue Serial Number on License

Address \_\_\_\_\_  
Number Street City or Town Zip Code

Phone \_\_\_\_\_ email: \_\_\_\_\_

Can you produce Social Security Records for this person? Yes No

If you checked NO in the box above, please explain \_\_\_\_\_

As the employer I hereby certify that the above statements are true and are made subject to the penalties of perjury. In addition, I certify that for the entire time listed above, the applicant worked for me as an LP Installer in training and not as an independent contractor or a subcontractor performing non-LP work.

Signature of Employing LP Installer: \_\_\_\_\_

FORM MUST BE ORIGINAL – PHOTO-COPY OF THESE SHEETS ARE UNACCEPTABLE