EDUCATION VERIFICATION FORM B

THIS PAGE SHOULD ONLY BE FILLED OUT BY APPRENTICE GAS FITTERS WHO QUALIFY FOR THE 3 YEAR WORK EXPERIENCE, 330 HOUR TIER EDUCATIONAL PROGRAM

APPLICANTS WHO WERE ISSUED THEIR LICENSE AFTER SEPTEMBER 1, 2008

Apprentice License Number:_____

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 apprentice education training (330 hours) Yes: ◉ No: ○
If no, please contact the Board for further information. Please note, 330 hours of Tier structured classroom education is required for all individuals who were issued an apprentice license after September 1, 2008.

Have you completed the required hours of work experience (5100 hours) Yes: ◉ No: ○
If no, please contact the Board for further information. Please note, 5100 hours of supervised work experience is required for all individuals who were issued an apprentice license after September 1, 2008.

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 Apprentice Gas Fitter _____ 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 Journeyman Gas Fitter Licensure
- ☐ 110 hour Tier 2 Second Year lesson for Journeyman Gas Fitter Licensure
- ☐ 110 hour Tier 3 Third Year lesson for Journeyman Gas Fitter Licensure

As a full time Vocational high School student who graduated with a gas fitting certificate, this student successfully completed:

_____ hours of supervised hands on work experience

Name and Title of Designated School Official – Type or Print _____ Signature of Designated School Official _____

Name of Gas Fitting Instructor _____ Master License Number _____ Signature of Gas Fitting Instructor _____

School Phone Number _____ Gas Fitting Instructor email address _____ Date _____

PHONE: 617 727-9952 **FAX: 617 727-6095** **www.mass.gov/dpl/boards/pl**

STATEMENT OF EXPERIENCE FORM

Erasures, Mark Overs or White Outs are Unacceptable

Type or Print Name Clearly _____ _____ _____
First Middle Last

Residence _____ _____ _____ _____
Number Street City or Town Zip Code

Apprentice Gas Fitting License Number and Date of Issue: _____ _____
License Number Date of Issue

MASTER GAS FITTER VERIFICATION OF EMPLOYMENT

The section directly below MUST be completed by the employing Master Gas Fitter

This is to certify that: _____ was employed by me as a licensed gas fitting apprentice performing supervised gas fitting work from:

_____ To _____
Month/Day/Year Month/Day/Year (to present is unacceptable)

Total hours employed as a licensed apprentice performing supervised gas fitting work during this time: _____
Note: Vocational school Co-op employment hours may not be included.

Company or Corporation Name _____

Business License Information _____ _____ _____
License Number Date of Issue Serial Number on License

Name of Employing Master Gas Fitter (Please Print) _____

Master Gas Fitter License Information _____ _____ _____
License Number Date of Issue Serial Number on License

Business Address _____ _____ _____
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 apprentice gas fitter and not as an independent contractor or a subcontractor performing non- gas fitting work.

Signature of Employing Master Gas Fitter: _____

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

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