

VERIFICATION OF SCHOOL AND SHOP HOURS FOR THE LIMITED LP INSTALLER PROGRAM

Have you completed the required ten (10) hour Occupational Safety and Health Administration course in construction safety and health? Yes: No:
If no, please contact the Board for further information. Please note the ten (10) hour Occupational Safety and Health Administration course is required for all individuals who are requesting permission to take the Limited LP Installer exam.

Have you completed the required hours of 1000 hours of general work experience on construction sites certified by a supervisor holding a non-apprentice professional construction license? Yes: No:
If no, please contact the Board for further information. Please note, 1000 hours of supervised work experience is required for all individuals who are requesting permission to take the Limited LP Installer exam.

Have you completed the required hours of 700 hours of work experience installing, connecting and moving from place to place undiluted liquefied petroleum gas salamanders, space heaters and related equipment used in buildings under construction on construction sites while under the direct supervision of LTD LP Installer, LP Installer, Journeyman plumber, Journeyman gas fitter, Master plumber or Master gas fitter? Yes: No:
If no, please contact the Board for further information. Please note, 700 hours of supervised LP work experience is required for all individuals who are requesting permission to take the Limited LP Installer exam.

STATEMENT OF EXPERIENCE FORM

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 a Limited 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 Licensed Employer (Please Print) _____

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

Address _____
Number Street City or Town State 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 Employer: _____

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