

STATEMENT OF EXPERIENCE FORM

Erasures, Mark Overs or White Outs are Unacceptable

The section directly below **MUST** be completed by the applicant

Type or Print Name Clearly _____
First Middle Last

Address _____
Number Street City or Town Zip Code

Journeyman Gas Fitter License Number and Date of Issue: _____
License Number Original Date of Issue

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 Journeyman 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 3 Third Year lesson for Journeyman Gas Fitter Licensure

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