



**Commonwealth of Massachusetts
DIVISION OF PROFESSIONAL LICENSURE
Board of Examiners of Sheet Metal Workers
1000 Washington Street, Suite 710,
Boston, Massachusetts 02118-6100**

VERIFICATION OF BOARD APPROVED EDUCATION FOR 750 HOUR SHEET METAL PROGRAM

TO THE BOARD OF EXAMINERS OF SHEET METAL WORKERS:

In connection with my application for a **J-1 Unrestricted Journeyperson Sheet Metal license**, I submit the following verification of schooling:

Name of Applicant: (Type or Print Clearly) Address

Signature of Applicant Date

THE FOLLOWING IS TO BE COMPLETED BY APPRENTICE SCHOOL OFFICIALS

Subject to the rules set forth in Section 240 of Chapter 112 of the General Laws, I subscribe to and vouch for the statement made by:

Name of Applicant: (Type or Print Clearly) Address

Name of School Address

From _____ To _____
Date of Enrollment Date of Completion of Course or Graduation

During that time, the student successfully completed the following which meets the requirements of 271 CMR 3.00

- 150 hour Level 1 - First Year Course for Journeyperson Sheet Metal Worker Licensure
- 150 hour Level 2 - Second Year Course for Journeyperson Sheet Metal Worker Licensure
- 150 hour Level 3 - Third Year Course for Journeyperson Sheet Metal Worker Licensure
- 150 hour Level 4 - Fourth Year Course for Journeyperson Sheet Metal Worker Licensure
- 150 hour Level 5 - Fifth Year Course for Journeyperson Sheet Metal Worker Licensure

Name of Sheet Metal Instructor – Type or print Instructor License Number

Signature of Sheet Metal Instructor School Phone Number

THE FOLLOWING IS TO BE COMPLETED BY VOCATIONAL HIGH SCHOOL SCHOOL OFFICIALS

As a full time day student who graduated from a Board Approved Vocational High School Sheet Metal Program , the student has also successfully completed _____ hours of shop under the supervision of a licensed sheet metal instructor at the following school _____.

Name of Sheet Metal Instructor – Type or print Instructor License Number

Signature of Sheet Metal Instructor School Phone Number