



**Commonwealth of Massachusetts  
DIVISION OF OCCUPATIONAL LICENSURE  
Board of Examiners of Sheet Metal Workers  
1 Federal Street, Suite 0600, Boston,  
Massachusetts 02110-2012**

**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 Journeyman Sheet Metal license**, I submit the following verification of schooling:

\_\_\_\_\_  
Name of Applicant: (Type or Print Clearly) Address

\_\_\_\_\_  
Signature of Applicant Date Apprentice License Number

**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 License Number

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 Journeyman Sheet Metal Worker Licensure
- ☐ 150 hour Level 2 - Second Year Course for Journeyman Sheet Metal Worker Licensure
- ☐ 150 hour Level 3 - Third Year Course for Journeyman Sheet Metal Worker Licensure
- ☐ 150 hour Level 4 - Fourth Year Course for Journeyman Sheet Metal Worker Licensure
- ☐ 150 hour Level 5 - Fifth Year Course for Journeyman 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