

## 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 450 HOUR SHEET METAL PROGRAM

## TO THE BOARD OF EXAMINERS OF SHEET METAL WORKERS:

	nnection with my application for a <b>J-2</b> cation of schooling:	Restricted Journey	person Sheet Metal	license, I submit the following	
Name	e of Applicant: (Type or Print Clearly)		Address		
Signa	ature of Applicant	Date	A	Apprentice License Number	
	THE FOLLOWING IS TO E	BE COMPLETED BY	APPRENTICE SCH	OOL OFFICIALS	
	ect to the rules set forth in Section 240 ment made by:	of Chapter 112 of t	he General Laws, I su	bscribe to and vouch for the	
Name	e of Applicant: (Type or Print Clearly)		Address		
Name	e of School		Address	License Number	
From	Date of Enrollment		To	on of Course or Graduation	
Durin	g that time, the student successfully c	ompleted the followi	ng which meets the re	equirements 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				
Name	e of Sheet Metal Instructor – Type or p	orint	Ins	tructor License Number	
Signature of Sheet Metal Instructor			School Phone Number		
stude	THE FOLLOWING IS TO BE ( full time day student who graduated frent has also successfully completed _ ictor at the following school	om a Board Approve	ed Vocational High Sc	shool Sheet Metal Program , the	
Name	e of Sheet Metal Instructor – Type or p	rint	Ins	tructor License Number	
Signa	ature of Sheet Metal Instructor		Sc	hool Phone Number	