EDUCATION VERIFICATION FORM B

THIS PAGE SHOULD ONLY BE FILLED OUT BY APPRENTICE GAS FITTERS WHO QUALIFY FOR THE 3 YEAR WORK EXPERIENCE, 330 HOUR TIER EDUCATIONAL PROGRAM

Apprentice License Number:_____

Do you have a High School Diploma or GED? Yes: No: If yes, please include with this application a copy of your diploma, transcripts or G.E.D. for Board review. If no, please note, a high school diploma or G.E.D. is required to apply for this license.

Have you completed the required hours of apprentice education training (330 hours) Yes: No: If no, please note, 330 hours of Tier structured classroom education is required for all individuals who are requesting permission to take the journeyman gas fitter examination.

Have you completed the required hours of work experience (5100 hours) Yes: No: If no, please note, 5100 hours of supervised work experience is required for all individuals who are requesting permission to take the journeyman gas fitter examination.

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 Apprentice Gas Fitter		- Name of School		
Date of Enrollment		Date Course was Completed		
During that time, this student succes	sfully completed the following classroom	education meeting the requirements of 24	8 CMR 11.00:	
110 hour Tier 1 First Year	lesson for Journeyman Gas Fitter Licens	ure		
	ear lesson for Journeyman Gas Fitter Lic			
	r lesson for Journeyman Gas Fitter Licen			
Name and Title of Designated School Official – Type or Print		Signature of Designated So	Signature of Designated School Official	
Name of Gas Fitting Instructor	Master License Number	Signature of Gas Fitting Ins	tructor	
School Phone Number	Gas Fitting Instructor email address		Date	
	Page 4			

FAX: 617 727-6095

STATEMENT OF EXPERIENCE FORM

Erasures, Mark Overs or White Outs are Unacceptable

Type or Print Name Clearly				
First	Middle	Last		
Residence				
Number Street	City or Town	Zip Code		
Apprentice Gas Fitting License Number and Date of Issue	e:License Number	Date of Issue		
MASTER GAS FITTER V	ERIFICATION OF I	EMPLOYMENT		
The section directly below <u>MUST</u> be completed by the employing Master Gas Fitter				
This is to certify that:		was employed by me as a licensed		
gas fitting apprentice performing supervised gas fitting wo	ork from:			
	То			
Month/Day/Year	Month/Day/Yea	ar (to present is unacceptable)		
Total hours employed as a licensed apprentice performing supervised gas fitting work during this time: Note: Vocational school Co-op employment hours may not be included.				
Company or Corporation Name				
Business License Information License Number	Date of Issue	Serial Number on License		
Name of Employing Master Gas Fitter (Please Print)				
Master Gas Fitter License Information License Number	Date of Issue	Serial Number on License		
Business Address				
Street	City or Town	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 apprentice gas fitter and not as an independent contractor or a subcontractor performing non- gas fitting work.				
Signature of Employing Master Gas Fitter:				
FORM MUST BE ORIGINAL – PHOTO-COPY OF THESE SHEETS ARE UNACCEPTABLE				

Page 5

FAX: 617 727-6095