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: _____ _____
License Number Date of Issue

MASTER GAS FITTER VERIFICATION OF EMPLOYMENT

The section directly below MUST 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 work from:

_____ To _____
Month/Day/Year Month/Day/Year (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

PHONE: 617 701-8798 **FAX: 617 727-6095** **www.mass.gov/dpl/boards/pl**