

## Commonwealth of Massachusetts **Division of Occupational Licensure**

## 1 Federal Street, Suite 600 • Boston, MA 02110-2012

**Board of State Examiners of Electricians** 

### **IEP RENEWAL APPLICATION**

1. Type of Provider application ( Clearly Print/type information:	(check as applicab	ole)		
Private Occupational School Provider  Program specific requirement:  ✓ Bond (based on annual earnings and secretary of finance)			A/B program	C/D program
Trade Association Provider  Employer institution Provider  Labor training Provider (union or non-union)  Public Evening School Provider  Program specific requirement:  ✓ Bond			A/B program	C/D program
			A/B program	C/D program
College or Junior College			A/B program	C/D program
Representative/ Name of Applicant			Email address	
School/Association/Institution Name			Telephone number	
Address		City/Town	State	Zip
<ol> <li>Private Occupational School in the or policies since being previous of the or policies since being previous. Yes (Do not proceed. Community of the community of the</li></ol>	curriculum (apartusly approved to on the complete a NEW IEP subsequent discipation No mitted by an out-o	t from 2026 NEC & MEC conduct this program?  Application)	No r license(s)?	,,
5. List all existing instructors				
Name	Name Primary phone number		MA license No.	

Revised 10/3/2025

Pursuant to 237 CMR 18.02 I hereby apply for approval from the Board of State Examiners of Electricians to offer courses and training to students in accordance with the requirements for examination pursuant to 237 CMR 13.00. I fully understand that failure to abide by the above requirements, failure to comply with 237 CMR, and failure to abide by any other Board requirements shall be grounds for the Board to initiate formal adjudicatory proceedings which may result in the suspension or revocation of any licenses held by involved individuals, and rights and privileges associated with this approval as a provider, along with any other discipline allowed by law. This institution agrees to abide by all Board Regulations and attest that all statements made herein are accurate and true. This application is signed under the pains and penalties of perjury.						

FAX: 617-701-8652



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www.mass.gov/orgs/board-of-state-examiners-of-electricians

### **Board of State Examiners of Electricians**

#### **IEP SURETY BOND FORM**

		Policy/Bond number:				
Know all per	rsons by these presents: that,		(Provider) of			
	(city/Town) in the state of	Principal,				
and	(surety/	/bond/insurance compar	ny) of			
	(city/Town) in the state of	an entity exis	sting under the laws of the state			
of	and duly authorized to transact the business of S	Surety in the Commonw	realth of			
thousand dol Professional	tts, as Surety, are held and firmly bond unto the Common llars \$50,000 for payment to the Treasurer of the Common Licensure or his designee, of which sum said principal ar- tors, administrators, successors, and assigns and each and	nwealth or to the Direct nd surety do jointly and	or of the Division of severally bind themselves, their			
them as dete Division and in a Board ap however, that event, exceed indemnifying available pur	on of this obligation is such that whereas, if the said or remined by the Division of Occupational Licensure or a lactions by students to recover damages resulting from fipproved continuing education program or from a breach at the aggregate liability of the surety under this bond for the sum of this bond; and provided further that the liag the claimant only for the actual damages. This bond is resuant to law, nor shall the amount of the bond be relevated plaintiff may be entitled.	court of competent juriand or misrepresentation of contract, then this obtained all breaches of the combility of the surety unchall not limit or impair	isdiction, in both actions by the on used in procuring enrollments bligation shall be void, provided, nditions of the bond shall, in noder this bond shall be limited to any right to recovery otherwise			
Licensure, by	nay cancel this bond by giving 90 days notice in writing y certified mail, thereafter surety shall be relieved of any e of such cancellation. However, this bond is continuous	liability for any breach	of condition occurring after the			
In witness w	hereof, the said Surety has signed and sealed this instrum	ent this day of	of			
20						
Surety Author	orized Agent (bond/insurance company)	Surety Authorized Aş	gent Signature			
Surety Author	orized Agent Address					
School Addr	ress					
			Effective Date of Bond			