

EDUCATION VERIFICATION FORM B

**THIS PAGE SHOULD ONLY BE FILLED OUT BY APPRENTICE PLUMBERS
WHO QUALIFY FOR THE 5 YEAR WORK EXPERIENCE,
550 HOUR TIER EDUCATIONAL PROGRAM.**

APPLICANTS WHO WERE ISSUED THEIR LICENSE AFTER SEPTEMBER 1, 2008

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 contact the Board for further information. 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 (550 hours) Yes: No:

If no, please contact the Board for further information. Please note, 550 hours of Tier structured classroom education is required for all individuals who were issued an apprentice license after September 1, 2008.

Have you completed the required hours of work experience (8500 hours) Yes: No:

If no, please contact the Board for further information. Please note, 8500 hours of supervised work experience is required for all individuals who were issued an apprentice license after September 1, 2008.

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 Plumber

Name of School

Date of Enrollment

Date Course was Completed

During that time, this student successfully completed the following classroom education meeting the requirements of 248 CMR 11.00:

- 110 hour Tier 1 First Year lesson for Journeyman Plumber Licensure
- 110 hour Tier 2 Second Year lesson for Journeyman Plumber Licensure
- 110 hour Tier 3 Third Year lesson for Journeyman Plumber Licensure
- 110 hour Tier 4 Fourth Year lesson for Journeyman Plumber Licensure
- 110 hour Tier 5 Fifth Year lesson for Journeyman Plumber Licensure

As a full time Vocational high School student who graduated with a plumbing certificate, this student successfully completed:

_____ hours of supervised hands on work experience

Name and Title of Designated School Official – Type or Print

Signature of Designated School Official

Name of Plumbing Instructor

Master License Number

Signature of Plumbing Instructor

School Phone Number

Plumbing Instructor email address

Date