



Commonwealth of Massachusetts
Office of Consumer Affairs
DIVISION OF OCCUPATIONAL LICENSURE
Board of State Examiners of Plumbers and Gasfitters
1 Federal Street, Suite 0600,
Boston, Massachusetts 02110-2012

VERIFICATION OF SCHOOL AND SHOP HOURS FOR 550 HOUR PLUMBING TIER PROGRAM

TO THE BOARD OF STATE EXAMINERS OF PLUMBERS AND GASFITTERS:

In connection with my application for a journeyman plumber license, I submit the following verification of schooling:

 Name of Applicant: (Type or Print Clearly) Address

 Signature of Applicant Date

THE FOLLOWING IS TO BE COMPLETED BY SCHOOL OFFICIALS

Subject to the rules set forth in Section 4 of Chapter 142 of the General Laws, I subscribe to and vouch for the statement made by:

 Name of Applicant: (Type or Print Clearly) Address

 Name of School Address

From _____ To _____
 Date of Enrollment Date of Completion of Course or Graduation

During that time, the student successfully completed the following which meets 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, the student successfully completed _____ hours of supervised hands on work experience.

 Name of Designated School Official – Type or Print Title

 Signature of Designated School Official Date

 Name of Plumbing or Gas Fitting Instructor – Type or print Master License Number

 Signature of Plumbing or gas Fitting Instructor School Phone Number

*Refer to 248 CMR 11.02 (1) (b)