



The Commonwealth of Massachusetts  
**DIVISION OF OCCUPATIONAL LICENSURE**  
BOARD OF STATE EXAMINERS OF PLUMBERS AND GAS FITTERS  
1 Federal Street, Suite 0600 – Boston, Massachusetts 02110-2012

# **JOURNEYMAN PLUMBER**

## **EXAMINATION APPLICATION**

**If you are filling this out by hand, PLEASE PRINT CLEARLY**

**NOTE: \$31.00 Application Fee – Make check or money order payable to the Commonwealth of Massachusetts**

### **APPLICANT INFORMATION**

Application Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Maiden Name, Former Name, Also Known as, if applicable: \_\_\_\_\_

Other Last Name \_\_\_\_\_ Other First Name \_\_\_\_\_ Other Middle Initial: \_\_\_\_\_

Gender: Male: ☐ Female: ☐ Prefer not to answer: ☐

Mailing Address: \_\_\_\_\_  
Number Street City/Town State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

**Please note: EMAIL is the primary means of contact for routine correspondences during the application process.**

**Social Security Number (Mandatory):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Pursuant to G.L. c.62C, s. 47A, the Division of Occupational Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary):

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Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary):

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Have you ever been convicted of, or admitted to, a felony or misdemeanor in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary):

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Have you ever been charged with a criminal violation which led to a disposition of "continued without a finding"("CWOFF") or admission to sufficient facts? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary):

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List **all** professional licenses/certifications you have held in the United States, or any country or jurisdiction, and the state/jurisdiction from which the license/certification was originally issued.

Type of License: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_ License Number: \_\_\_\_\_

Type of License: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_ License Number: \_\_\_\_\_

### MILITARY STATUS

Please check the appropriate box: Active Duty: ☐ Spouse: ☐ Veteran: ☐ Not Applicable: ☐

# EDUCATION VERIFICATION FORM

**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

# **STATEMENT OF EXPERIENCE FORM**

## **EMPLOYEE STATEMENT**

**This section must be filled out by the Apprentice Plumber**

**Erasures, Mark Overs or White Outs will not be accepted**

Name of Apprentice Plumber: \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_  
Number Street City or Town Zip Code

Apprentice License Number \_\_\_\_\_ Date of Issue: \_\_\_\_\_

## **EMPLOYERS STATEMENT**

**This section must be filled out by the employing Master Plumber**

This is to certify that: \_\_\_\_\_ was directly employed by me on my payroll as a properly licensed Apprentice while performing properly supervised plumbing from:

\_\_\_\_\_ to \_\_\_\_\_  
Month Day Year Month Day Year

Total hours the licensed Apprentice was directly employed by me performing supervised plumbing: \_\_\_\_\_  
Note: Vocational school Co-op employment hours may not be included.

Name of Master Plumber: \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_  
Number Street City/Town Zip Code

Master License Number \_\_\_\_\_ Original Date of Issue \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Business Licence Number \_\_\_\_\_ Original Date of Issue \_\_\_\_\_

Can you produce Social Security Records for this person? Yes No No

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 plumber and not as an independent contractor or a subcontractor performing non-plumbing work.

Signature of Employing Master Plumber: \_\_\_\_\_

FORM MUST BE ORIGINAL – PHOTO-COPY OF THESE SHEETS ARE UNACCEPTABLE

## YOU MUST INCLUDE THIS APPLICATION CHECKLIST WITH YOUR APPLICATION

- ☐ I have included a 2" x 2" color passport photo
- ☐ I have included high school diploma, transcripts or G.E.D.
- ☐ I have included certificates of completion from a Board approved Training program
- ☐ I have included the "Statement of Experience" form
- ☐ I have included the "Education Verification" form A or B (only submit one)
- ☐ I have included the "CORI Authorization Form"
- ☐ I have included the \$ 31.00 non-refundable application / license fee payable to the **"Commonwealth of Massachusetts"**
- ☐ **VETERANS ONLY:** I have included a copy of my DD form 214

Pursuant to G.L. c. 62C, § 47A, the Division of Occupational Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Date

The Board is certified by the Criminal History Systems Board (ID#MAREG G) to access data about convictions and pending criminal cases. Those records – and other Federal and professional records – may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity for a limited appearance before the Board of State Examiners of Plumbers and Gas Fitters.

**THE FOLLOWING IS TO BE COMPLETED IN THE PRESENCE OF A NOTARY.**

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Examiners of Plumbers and Gas Fitters to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c.62C, §49A, to the best of my knowledge and belief, I have filed all Massachusetts tax returns and paid all Massachusetts taxes required by law.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Notary Name (print) \_\_\_\_\_

Notary Signature \_\_\_\_\_ Commission Expires \_\_\_\_\_

**NOTARY SEAL**

**Please affix  
2" x 2"  
Passport Photo Here**

# CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Division of Occupational Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Occupational Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Occupational Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Occupational Licensure written notice of my intent to withdraw consent to a CORI check.

## FOR LICENSING PURPOSES ONLY:

The Division of Occupational Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Occupational Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please provide the name of the board of registration and license type for which you are applying or currently hold:*

\_\_\_\_\_  
Board of Registration

\_\_\_\_\_  
License Type

NOTE: DOL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DOL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.

**SUBJECT INFORMATION:** (A red asterisk (\*) denotes a required field)

\_\_\_\_\_  
\*Last Name                      \*First Name                      Middle Name                      Suffix

\_\_\_\_\_  
\*Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
\*Date of Birth    Place of Birth

\*Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.      Eye Color: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Current and Former Addresses:

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

**SECTION A: VERIFICATION BY DOL EMPLOYEE:** I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:<sup>1</sup>

Passport    State-issued driver's license    Military identification    State-issued identification card

VERIFIED BY: \_\_\_\_\_  
Name of Verifying DOL Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying DOL Employee (Please Print)                      Date

**SECTION B: VERIFICATION BY NOTARY:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:<sup>1</sup>

☐ Passport    ☐ State-issued driver's license    ☐ Military identification    ☐ State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public:

\_\_\_\_\_  
Notary Commission Expires On:

<sup>1</sup> If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by the other forms of identification documentation as determined by DCJIS. 803 CMR 2.09 (2).