



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

LIMITED LP GAS INSTALLER

EXAMINATION APPLICATION

PLEASE PRINT CLEARLY

NOTE: \$66.00 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 Professional 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):

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):

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):

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):

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:

VERIFICATION OF SCHOOL AND SHOP HOURS FOR THE LIMITED LP INSTALLER PROGRAM

Have you completed the required ten (10) hour Occupational Safety and Health Administration course in construction safety and health? Yes: No:

If no, please contact the Board for further information. Please note the ten (10) hour Occupational Safety and Health Administration course is required for all individuals who are requesting permission to take the Limited LP Installer exam.

Have you completed the required hours of 1000 hours of general work experience on construction sites certified by a supervisor holding a non-apprentice professional construction license? Yes: No:

If no, please contact the Board for further information. Please note, 1000 hours of supervised work experience is required for all individuals who are requesting permission to take the Limited LP Installer exam.

Have you completed the required hours of 700 hours of work experience installing, connecting and moving from place to place undiluted liquefied petroleum gas salamanders, space heaters and related equipment used in buildings under construction on construction sites while under the direct supervision of LTD LP Installer, LP Installer, Journeyman plumber, Journeyman gas fitter, Master plumber or Master gas fitter? Yes: No:

If no, please contact the Board for further information. Please note, 700 hours of supervised LP work experience is required for all individuals who are requesting permission to take the Limited LP Installer exam.

STATEMENT OF EXPERIENCE FORM

LP INSTALLER VERIFICATION OF EMPLOYMENT

The section directly below **MUST** be completed by the employing LP Installer

This is to certify that: _____ was employed by me as a Limited LP Installer in training performing supervised LP work from:

_____ To _____
Month/Day/Year Month/Day/Year (to present is unacceptable)

Total hours employed as an LP Installer in training supervised LP work during this time: _____

Company or Name (If Applicable) _____

Name of Licensed Employer (Please Print) _____

License Information _____
License Type License Number Date of Issue Serial Number on License

Address _____
Number Street City or Town State 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 LP Installer in training and not as an independent contractor or a subcontractor performing non-LP work.

Signature of Employer: _____

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 a copy of my OSHA 10 Card

I have included the "Statement of Experience" form

I have included the "CORI Authorization Form"

I have included the \$ 66.00 non-refundable application / license fee payable to the
"Commonwealth of Massachusetts"

MANDATORY

My social security number is:

Pursuant to G.L. c. 62C, § 47A, the Division of Professional 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

*Mail your completed application to:
Board of Examiners of Plumbers and Gas Fitters
1 Federal Street – Suite 0600
Boston, MA, 02110-2012*

Page 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: (An 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:¹

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:¹

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:

¹ 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).