VERIFICATION OF SCHOOL AND SHOP HOURS
FOR 220 HOUR TIER LP INSTALLER PROGRAM

TO THE BOARD OF STATE EXAMINERS OF PLUMBERS AND GASFITTERS:

In connection with my application for an undiluted liquefied petroleum gas Installer 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 LP Installer Licensure
☐ 110 hour Tier 2 Second Year Lesson for LP Installer Licensure

Name of Designated School Official – Type or Print Title

Signature of Designated School Official Date

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

Signature of Gas Fitting Instructor School Phone Number