

Division of Occupational Licensure

Office of Public Safety and Inspections 1 Federal Street Suite 0600, Boston, MA 02110-2012

APPLICATION FOR PIPEFITTER MASTER LICENSE

Application must be filled out in ink and accompanied by a non-refundable \$100.00 processing fee

Processing fee must be in the form of a check or money order made out to the "Commonwealth of Massachusetts"

Unrestricted PM-00	Power, Heating and Cooling Power Heating and Cooling	_	Process Piping v	vith Welding PM-02-W PM-02
Full Name:	(Print Leaibly)	Social Sec	curity No.:	(Required)
Home Address:		(Cit.)	(Chaha)	
Mailing Address:	(Street)	(City)	(State)	(Zip Code)
-	(Street)	(City)	(State)	(Zip Code)
Date of Birth:	Email Address:		_ Telephone No.:	
Name of Employer:		Employer'	s Telephone No.: _	
Employer's Address:				
Employment Title:	(Street)	(City)	(State)	(Zip Code)
	for any of the Massachusetts Pip (List the last three da	pefitter licenses?	'ES , When?	□ NC
Do you now, or have you	held any of the Massachusetts F	•	 ′ES	
	mber:	(License Grade)	(Expiration	

Did you a	uthorize us to use your RMV photo or enclose a 2" by 2" photo? (Required)		YES		NO	
	clude documentation from your employer that you have held and Massachusetts Journeyman Pipefitters license for not less than ours? (Required – Must include employer's Master Pipefitter License Number)		YES		NO	L worked as a licensed pipefitter for not less than 2000 hours in another jurisdiction.
	include documentation from an approved school that you have pleted 100 Hours of additional A.S.M.E. Code instruction? (Required)		YES		NO	★☐ I have completed 100 additional hours of A.S.M.E. Code instruction at an institution in another jurisdiction.
	include documentation from an approved school that you have eted 100 Hours of additional Pipefitting Theory instruction? (Required)		YES		NO	L have completed 100 additional hours of Pipefitting Theory at an institution in another jurisdiction.
	Did you include your \$100.00 processing fee? (Non-Refundable Check or Money Order)		YES		NO	
ocumentation	has documentation that requirements have been met in another jurisdiction that a with this application. After review, your application MAY be forwarded to the Bure candidate to sit for examination.					
Office	ation is true, I have paid all State Taxes, and I have paid any of Public Safety and Inspections which are required under I	aw				
Óffice	of Public Safety and Inspections which are required under L Signature of Applicant	.aw.			Date	<u> </u>
PRE ALL of process forfeitu	of Public Safety and Inspections which are required under L	TION			your a	application to be
PRE ALL of process forfeitu	Signature of Applicant REQUISITES: the following items MUST BE SUBMITTED WITH THE APPLICA sed properly. Failure to submit all required information and proper re / loss of processing fee.	TION fee v	vill resu		your a	application to be
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PLEASE MAIL ALL COMPLETED APPLICATIONS, ALONG WITH THE NON-REFUNDABLE APPLICATION PROCESSING FEE, TO THE ADDRESS BELOW:

> **Division of Occupational Licensure** Office of Public Safety and Inspections 1 Federal Street, Suite 0600 Boston, MA 02110-2012

ATTN: CASHIERS OFFICE

^{*} INCOMPLETE APPLICATIONS WILL NOT BE SCHEDULED FOR EXAMINATION UNTIL ALL MISSING DOCUMENTATION IS SUBMITTED.