



The Commonwealth of Massachusetts
Division of Occupational Licensure
Board of State Examiners of Electricians
[Board of State Examiners of Electricians | Mass.gov](http://Mass.gov)

OUT OF STATE EDUCATION PROGRAM FORM

THE FOLLOWING MUST BE SIGNED BY THE STUDENT

In connection with my application for a Master/ Systems Contractor license exam, I submit this certificate of education, which I obtained by attending the herein named school.

Name - Type or Print your name

SSN last four digits

Journeyman/Technician number

Signature

THE FOLLOWING IS TO BE COMPLETED BY AN AUTHORIZED SCHOOL OFFICIAL

Student Name		Address	
Name of School/Organization		Address	
Type of Program <input type="checkbox"/> VOCATIONAL TRADE SCHOOL <input type="checkbox"/> PUBLIC OR PRIVATE DAY OR EVENING <input type="checkbox"/> ORGANIZATION APPROVED IN-HOUSE			
Journeyman Electrical program	Enrollment Date	Completion Date	hours
Systems Technician program	Enrollment Date	Completion Date	hours
Master Electrical program	Enrollment Date	Completion Date	hours
Systems Contractor program	Enrollment Date	Completion Date	hours
Name of Designated organization Official		Title	
Subject to the penalties set forth in Section 5 of chapter 141 of the Mass General Laws, I attest that the information provided is accurate.			
_____ Signature of Designated organization Official		_____ Date	

IMPRINT SCHOOL SEAL HERE

Mass General Law, Chapter 141 Section 9. Any person, applying for a license and making any misstatement as to his or her experience or other qualifications, or any person, firm or corporation subscribing to or vouching for any such misstatement, shall be subject to penalties set forth in Section 5.