



COMMONWEALTH OF MASSACHUSETTS
Division of Occupational Licensure
Board of State Examiners of Plumbers and Gas Fitters

LICENSE VERIFICATION FORM

Please e-mail the completed form to Plumbingboard@mass.gov

The Board will invoice the verification fee after submission

Please check the box off for how verification is to be returned

☐ Email ☐ Mail

Licensee's Name:	
Licensee's Mailing Address:	
City, State Zip Code:	
Licensee Phone Number	
Licensee Email Address	
License Number and Type:	

If the Verification is being sent to anyone other than licensee, please enter the information below.

Name/Agency:	
Mailing Address:	
Email Address:	

