

Commonwealth of Massachusetts Office of Consumer Affairs DIVISION OF PROFESSIONAL LICENSURE <u>Board of State Examiners of Plumbers and Gasfitters</u> 1000 Washington Street, Suite 710, Boston, Massachusetts 02118-6100

## FOR APPLICANTS WHO REGISTERED AS A PLUMBING APPRENTICE AFTER SEPTEMBER 1, 2008\*

## VERIFICATION OF SCHOOL AND SHOP HOURS FOR 550 HOUR PLUMBING TIER PROGRAM

## TO THE BOARD OF STATE EXAMINERS OF PLUMBERS AND GASFITTERS:

In connection with my application for a journeyman plumber license, I submit the following verification of schooling:

Name of Applicant: (Type or Print Clearly)

Signature of Applicant

## 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

From\_

Date of Enrollment

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 Journeyman Plumber Licensure  |
|---|
| 110 hour Tier 2 Second Year Lesson for Journeyman Plumber Licensure |
| 110 hour Tier 3 Third Year Lesson for Journeyman Plumber Licensure  |
| 110 hour Tier 4 Fourth Year Lesson for Journeyman Plumber Licensure |
| 110 hour Tier 5 Fifth Year Lesson for Journeyman Plumber Licensure  |

As a full time day student who graduated with a plumbing certificate, the student has also successfully completed \_\_\_\_\_\_ hours of shop under the supervision of a licensed plumber.

| Name of Designated School Official – Type or Print         | Title                 |  |
|--|-----------------------|--|
| Signature of Designated School Official                    | Date                  |  |
| Name of Plumbing or Gas Fitting Instructor – Type or print | Master License Number |  |
| Signature of Plumbing or gas Fitting Instructor            | School Phone Number   |  |
| *Refer to 248 CMR 11.02 (1) (b)                            |                       |  |

Address

Date

Address

Τo

Date of Completion of Course or Graduation