



Commonwealth of Massachusetts
Division of Professional Licensure
 Board of State Examiners of Plumbers and Gasfitters
 1000 Washington Street • Boston • Massachusetts • 02118

REGISTRATION FORM FOR PLUMBING AND GAS INSPECTORS

This form is required for all local inspectors, including assistants, deputies etc.

Last Name:		First Name:		Middle Initial:
Address:		City/Town:		Zip Code:
Telephone:	Cell Phone:	Email:		
License Numbers	Journeyman Plumber	Master Plumber	Journeyman Gasfitter	Master Gasfitter

ALL OF THE FOLLOWING ITEMS MUST BE INITIALED, IF LEFT BLANK, THE FORM WILL BE DEEMED INCOMPLETE AND WILL NOT BE ACCEPTED

I have been appointed and will be directly paid by the above city/town/inspectional district on page-2.	INITIAL BELOW
I certify that my plumbing/gas-fitting license has been continuously current for the five (5) year period previous to this appointment.	INITIAL BELOW
I have read and accept the requirements of MGL Chapter 142, Sections 10 through 12 regarding inspectors.	INITIAL BELOW
I have read and accept the requirements of 248 CMR 3.03 and 3.05 regarding inspectors.	INITIAL BELOW
I understand that I must file a separate form for each city/town/inspectional district I inspect for.	INITIAL BELOW
I understand that I am required to complete 12-hours of special instructor continuing education without exception.	INITIAL BELOW
I understand that I must notify the Board if any of the information I have provided on this form, including if I leave this position.	

I certify under the pains and penalties of perjury that the information on this form is true and accurate.

Signature of Applicant _____ Date: _____



This section of the form is to be filled out by the State/Municipal Appointing Authority

Unit of Government:		Date Inspector Appointed:	
Position of Appointing Official or Designee:			
Last Name:		First Name:	
Address:		City/Town:	Zip Code:
Office Telephone:	Cell Phone:	Email:	

I do hereby certify under the pains and penalties of perjury that the applicant listed on page one of this form has been appointed

Signature _____ **Date:** _____