

The Commonwealth of Massachusetts
DIVISION OF PROFESSIONAL LICENSURE
BOARD OF STATE EXAMINERS OF PLUMBERS AND GAS FITTERS
1000 Washington Street, Suite 710 – Boston, Massachusetts 02118-6100

STATEMENT OF EMPLOYING MASTER PLUMBER

PLEASE PRINT CLEARLY

This page of the application MUST be filled out by the employing Master Plumber

I (Last name): _____ (First Name): _____ (Middle Initial): _____

Master Plumber License Number: _____ Serial Number (located on current Master License): _____

Plumbing Corporation, LLC or Partnership License Number (if applicable): _____

Operating a Plumbing business under the business name of:

Work Phone: _____ Cell Phone: _____ email: _____

Please note: EMAIL is the primary means of contact for routine correspondences during the application process.

Located at:

Business Address: _____
Number Address City/Town State Zip Code

Telephone Number:

Number of Apprentices in my employ:

Number of Non-Apprentice licensees in my employ:

I hereby make application to register _____
as an apprentice plumber. I hereby certify that the apprentice will be employed by me and will work under the direct supervision of a journeyman plumber in my employ in accordance with the provisions of Massachusetts General Laws, M.G.L. Chapter 142 Section 3A. I have verified that all of my employees possess a current license in good standing with the Board of Examiners. I hereby certify that the previous statements are true and are made under the pains and penalties of perjury.

Signature of Employing Master Plumber: _____