

# STATEMENT OF EMPLOYING MASTER GAS FITTER

## PLEASE PRINT CLEARLY

This page of the application **MUST** be filled out by the employing Master Gas Fitter

I (Last name): \_\_\_\_\_ (First Name): \_\_\_\_\_ (Middle Initial): \_\_\_\_\_

Master Gas Fitter License Number: \_\_\_\_\_ Serial Number (located on current Master License): \_\_\_\_\_

Gas Fitting Corporation, LLC or Partnership License Number (if applicable): \_\_\_\_\_

Operating a Gas Fitting 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 Non-Apprentice licensees in my employ:

Number of Apprentices in my employ:

I hereby make application to register \_\_\_\_\_  
as an apprentice gas fitter. I hereby certify that the apprentice will be employed by me and will work under the direct supervision of a journeyman gas fitter 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 Gas Fitter:* \_\_\_\_\_