



**Commonwealth of Massachusetts**  
**DIVISION OF OCCUPATIONAL LICENSURE**  
**Board of Examiners of Sheet Metal Workers**  
**1000 Washington Street, Suite 710,**  
**Boston, Massachusetts 02118-6100**

**STATEMENT OF THE EMPLOYING MASTER SHEET METAL WORKER:**

I \_\_\_\_\_  
(Please Print Name of Employing Master Sheet Metal Worker) (License Number)

Operating a Sheet Metal Company under the business firm name of

\_\_\_\_\_

Located at:

\_\_\_\_\_  
(Address) (City/Town) (State) (Zip Code)

Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ do hereby make application to register

\_\_\_\_\_ as an apprentice sheet  
(Please Print Name of Apprentice Applicant)

metal worker. I hereby certify that the apprentice will be employed by me and will work under the direct supervision of a journeyman sheet metal worker in my employ in accordance with the provisions of 271 CMR 5.02 (2). 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 Sheet Metal Worker:

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