



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 EXPERIENCE FOR SHEET METAL WORKERS

Type or Print Name Clearly _____
First Middle Last

Mailing Address _____
Number Street City or Town Zip Code

Apprentice Sheet Metal Worker License Information: _____
License Number Date of Issue

MASTER EMPLOYER STATEMENT

This is to certify that: _____ was employed by me as a
licensed sheet metal apprentice performing supervised sheet metal work from:

_____ To _____
Month/Day/Year Month/Day/Year (to present is unacceptable)

Total hours employed as a licensed apprentice performing supervised sheet metal work during this time: _____
Note: Vocational school Co-op employment hours may not be included.

Company or Corporation Name _____
Business License Number

Business Address _____
Street City or Town Zip Code

Master License Name (Type or Print Clearly) _____
License Number

Phone: _____

Can you produce Social Security Records for this person? Yes ☐ No ☐

If you checked NO in the box above, please explain _____

As the employer I hereby certify that the above statements are true and are made subject to the penalties of perjury.
In addition, I certify that for the entire time listed above, the applicant worked for me as an apprentice sheet metal
worker and not as an independent contractor or a subcontractor performing non-sheet metal work.

Signature of Employing Master Sheet Metal Worker: _____
Date