



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

STATEMENT OF EXPERIENCE FOR SHEET METAL WORKERS

Erasures, Mark Overs or White Outs are Unacceptable

Type or Print Name Clearly _____
First Middle Last

Residence _____
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 _____

Master License Number and Date Originally Issued _____

Business Address _____
Street City or Town Zip Code

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: _____