



Commonwealth of Massachusetts
Division of Occupational Licensure
Board of State Examiners of Plumbers and Gas Fitters
1 Federal Street • Boston • Massachusetts • 02110-2012

PUBLIC CAREER/VOCATIONAL TECHNICAL HIGH SCHOOL PROGRAM
APPLICATION TO PERFORM PLUMBING AND/OR GAS FITTING WORK

RESIDENTIAL PROJECT APPLICATION

This application must be filed with the Board and Approved prior to issuance of a plumbing or gas fitting permit by the Local Inspector.

PLEASE PRINT CLEARLY

To be filled out by the Lead Plumbing & Gas Fitting Instructor

Name of School:		Submittal Date:	
Address:	City/Town:	State:	Zip Code:
Name of Plumbing and Gas Fitting Department Head:		Phone & Extension:	
Name of School Instructor who will be the Plumbing/Gas Fitting Permit Holder of Record for this Project:			Master License Number:
Department Head email:	School Instructor email:		
ALL OF THE FOLLOWING ITEMS MUST BE INITIALED BY THE SCHOOL INSTRUCTOR/ PERMIT HOLDER OF RECORD. IF LEFT BLANK. THE APPLICATION WILL BE DEEMED INCOMPLETE AND WILL NOT BE ACCEPTED.			
1. I have included a copy of the lesson plan, signed by my local school administration with this application			INITIAL BELOW
2. All of the plumbing and/or gas fitting students performing work on this project shall be under the direct supervision of Board certified instructors. All instructors are identified on this form. Any changes must be approved by the Board.			INITIAL BELOW
3. I certify that all plumbing and/or gas fitting performed on this project shall be limited to the work specified in the included lesson plan.			INITIAL BELOW
4. I understand and agree that each Board certified plumbing and/or gas fitting instructor is limited in the number of students that they may supervise in compliance with Board designated instructor to student ratios.			INITIAL BELOW
5. I certify that no plumbing and/or gas fitting work has been performed by any students on this project to date.			INITIAL BELOW
6. I certify that I shall file a permit with the local inspector of plumbing and gas prior to work commencing and shall be responsible for ensuring that required rough and final inspections take place.			INITIAL BELOW
7. I certify that I have read and fully understand the current Board Vocational School Policy for School Projects			INITIAL BELOW
8. I certify that all students taking part in this project have completed a minimum of 110 hours of the Board approved Tier Program for Licensure.			INITIAL BELOW

I certify, under pains and penalties of perjury that the information on this form is true and accurate.

Signature of Applicant _____ **Date:** _____

LESSON – PROJECT INFORMATION

PLEASE PRINT CLEARLY

Name of party for whom the work is to be performed:			
Address:	City/Town:	State:	Zip Code:
Location where work is to be performed if different than above:			
Address:	City/Town:	State:	Zip Code:
New: <input type="checkbox"/> Renovation: <input type="checkbox"/>			
Please check the boxes for other Licensed Trade programs within your school which will be working on the project at this location:			
Electrical: <input type="checkbox"/>	Pipe Fitting: <input type="checkbox"/>	Refrigeration: <input type="checkbox"/>	Sheet Metal: <input type="checkbox"/>
Other: _____			
Brief description of plumbing work related to this project: _____ _____ _____ _____ _____ _____			
Brief description of gas fitting work related to this project: _____ _____ _____ _____ _____ _____			

<p>Explain how this project lesson will benefit the students of your program:</p> <hr/> <hr/> <hr/> <hr/>
<p>What grades will be participating in this project?</p> <p> Freshman: <input type="checkbox"/> Sophomore: <input type="checkbox"/> Junior: <input type="checkbox"/> Senior: <input type="checkbox"/> </p>
<p>What is the projected number of plumbing and/or gas fitting students who will be participating in this project?</p> <hr/>
<p>Please list the names and Master license numbers of certified plumbing/gas fitting instructors who will be participating in this project?</p> <p>Name: _____ Master License Number: _____</p> <p>Name: _____ Master License Number: _____</p> <p>Name: _____ Master License Number: _____</p> <p>Name: _____ Master License Number: _____</p>

OFFICIAL BOARD USE ONLY	
<p>APPROVED BY: _____</p> <p>APPROVAL DATE: _____</p>	<p>BOARD STAMP</p>

The following is a list of questions which must be answered in full by the plumbing instructor who will be working with the students on the proposed project. Answers may be submitted on a separate sheet of paper.

What is the number of students enrolled in the plumbing program in your school?

What is the current number of grade 12 students in your program?

What is the current number of grade 11 students in your program?

What is the current number of grade 10 students in your program?

How many hours a week do students spend on related and shop time in the plumbing program?

How many licensed plumbing instructors are there in the program?

How many plumbing instructors will be on this project?

How will this project correspond with the related class?

When do your students complete tier 1?

What types of material will be used on this project?

Is there gas work involved in this project?

How many of your students participated in the COOP program during the last school year?

How many of your students are participating in the COOP program during this school year?

How many of your plumbing students are not eligible for the COOP program?

Will the students be expected to do any work outside the scope of the plumbing/gas code?

For every student on the job, how much time is "hands on" and how much is spent observing?