



**Commonwealth of Massachusetts
Division of Professional Licensure
Board of State Examiners of Electricians**

1000 Washington Street, Suite 710 • Boston • Massachusetts • 02118-6100

Record ID _____
Docket No. _____

APPEAL OF INSPECTOR OF WIRES DECISION
FEE by check or money order - \$86.00
(Make payment out to "Commonwealth of Massachusetts")

(1) APPELLANT INFORMATION (party appealing inspector's decision)

NAME:	LICENSE NUMBER (if applicable):	TELEPHONE:
ADDRESS:	CITY/TOWN:	FAX:
STATE:	ZIP:	EMAIL:

(2) REQUIRED INFORMATION

ADDRESS OF WORK SITE:
DATE OF INSPECTOR DECISION (Appeal must be within 10 days per M.G.L. c. 143, s. 3P):
APPLICABLE GENERAL LAW OR CMR AT ISSUE:
DECISION OF THE INSPECTOR:
IF ADDITIONAL SPACE IS REQUIRED, ATTACH PAGE(S) TO THIS FORM

(3) REASON FOR APPEAL

IF ADDITIONAL SPACE IS REQUIRED, ATTACH PAGE(S) TO THIS FORM

(4) INSPECTOR INFORMATION

INSPECTOR NAME:	TELEPHONE:
OFFICE ADDRESS:	CITY/TOWN:

Mail this form, fee, a copy of any permits and a copy of the inspector's decision (if in writing) to the Board office at the above address. You also must send a copy of all submitted documents to the Inspector whose decision you are appealing. This appeal will be entered into Board records 1 to 2 weeks after receipt of this completed form and required fee. A notice of hearing will be sent to both parties scheduling the matter for the next available Board meeting.

I certify under pains and penalties of perjury that the information contained in this appeal form and accompanying documents is true and correct to the best of my knowledge and that I have sent a copy of this information to the Inspector.

 Signature of Appellant

Date: _____