



The Commonwealth of Massachusetts
DIVISION OF PROFESSIONAL LICENSURE
 BOARD OF STATE EXAMINERS OF PLUMBERS AND GAS FITTERS
 1000 Washington Street, Suite 710 – Boston, Massachusetts 02118-6100

MASTER GAS FITTER
EXAMINATION APPLICATION

PLEASE PRINT CLEARLY

NOTE: \$31.00 Application Fee – Make check or money order payable to the Commonwealth of Massachusetts

APPLICANT INFORMATION

Application Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Maiden Name, Former Name, Also Known as, if applicable: _____

Other Last Name _____ Other First Name _____ Other Middle Initial: _____

Gender: Male: Female: Prefer not to answer:

Mailing Address: _____
 (Address) (City/Town) (State) (Zip Code)

Home Phone: _____ Cell Phone: _____ email: _____

Please note: EMAIL is the primary means of contact for routine correspondences during the application process.

Social Security Number (Mandatory): _____ **Date of Birth:** _____

Pursuant to G.L. c.62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: No:

If yes, please state the details (use a separate sheet if necessary):

Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: No:

If yes, please state the details (use a separate sheet if necessary):

Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: No:

If yes, please state the details (use a separate sheet if necessary):

Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: No:

If yes, please state the details (use a separate sheet if necessary):

Have you ever been convicted of, or admitted to, a felony or misdemeanor in the United States or any country or foreign jurisdiction? Yes: No:

If yes, please state the details (use a separate sheet if necessary):

Have you ever been charged with a criminal violation which led to a disposition of "continued without a finding"("CWOFF") or admission to sufficient facts? Yes: No:

If yes, please state the details (use a separate sheet if necessary):

List **all** professional licenses/certifications you have held in the United States, or any country or jurisdiction, and the state/jurisdiction from which the license/certification was originally issued.

Type of License: _____ Jurisdiction: _____ License Number: _____

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MILITARY STATUS

Please check the appropriate box: Active Duty: Spouse: Veteran: Not Applicable:

STATEMENT OF EXPERIENCE FORM

Erasures, Mark Overs or White Outs are Unacceptable

The section directly below **MUST** be completed by the applicant

Type or Print Name Clearly _____
First Middle Last

Address _____
Number Street City or Town Zip Code

Journeyman Gas Fitter License Number and Date of Issue: _____
License Number Original Date of Issue

EDUCATION VERIFICATION FORM

The section directly below **MUST** be completed by school officials

Subject to the rules set forth in Section 4 of Chapter 142 of the General Laws, I attest the following information is correct:

Name of Journeyman Gas Fitter Name of School

Date of Enrollment Date Course was Completed

During that time, this student successfully completed the following classroom education meeting the requirements of 248 CMR 11.00:

110 hour Tier 3 Third Year lesson for Journeyman Gas Fitter Licensure

Name and Title of Designated School Official – Type or Print Signature of Designated School Official

Name of Gas Fitting Instructor Master License Number Signature of Gas Fitting Instructor

School Phone Number Gas Fitting Instructor email address Date

**YOU MUST INCLUDE THIS
APPLICATION CHECKLIST
WITH YOUR APPLICATION**

- I have included a 2" x 2" color passport photo
- I have completed the "Statement of Experience" form
- I have completed the "Education Verification" form
- I have included the "CORI Authorization Form"
- I have included the \$ 31.00 non-refundable application / license fee payable to the "**Commonwealth of Massachusetts**"
- VETERANS ONLY**: I have included a copy of my DD form 214

MANDATORY

My social security number is:

- -

Pursuant to G.L. c. 62C, § 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

Signature of applicant

Date of Birth (mm/dd/yyyy)

Date

*Mail your completed application to:
Board of Examiners of Plumbers and Gas Fitters
1000 Washington Street – Suite 710
Boston, MA, 02118-6100*

Page The Board is certified by the Criminal History Systems Board (ID#MAREG G) to access data about convictions and pending criminal cases. Those records – and other Federal and professional records – may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity for a limited appearance before the Board of State Examiners of Plumbers and Gas Fitters.

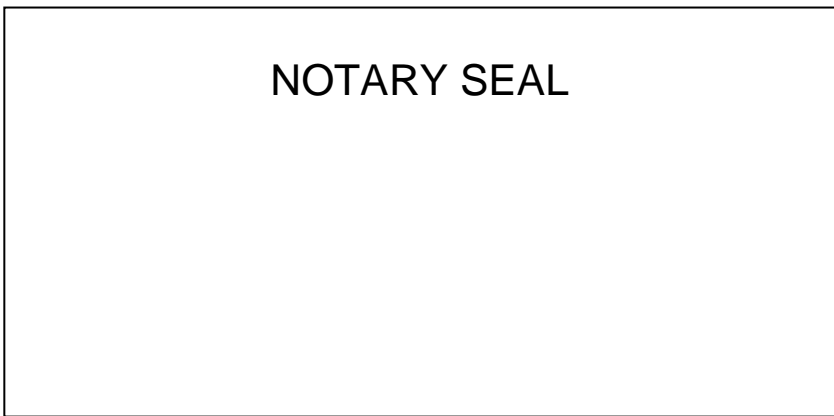
THE FOLLOWING IS TO BE COMPLETED IN THE PRESENCE OF A NOTARY.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Examiners of Plumbers and Gas Fitters to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c.62C, §49A, to the best of my knowledge and belief, I have filed all Massachusetts tax returns and paid all Massachusetts taxes required by law.

Signature of Applicant _____ Date _____

Notary Name (print) _____

Notary Signature _____ Commission Expires _____



CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

Board of Registration

License Type

NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

*Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

SECTION A: VERIFICATION BY DPL EMPLOYEE: I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:¹

- Passport State-issued driver's license Military identification State-issued identification card

VERIFIED BY: _____
Name of Verifying DPL Employee (Please Print)

Signature of Verifying DPL Employee (Please Print) Date

SECTION B: VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:¹

- Passport State-issued driver's license Military identification State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:

Notary Commission Expires On:

¹ If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by the other forms of identification documentation as determined by DCJIS. 803 CMR 2.09 (2).