

Office of Public Safety and Inspections 1000 Washington Street Suite 710, Boston, MA 02118

APPLICATION FOR REFRIGERATION CONTRACTOR LICENSE

Application must be filled out in ink and accompanied by a non-refundable \$150.00 processing fee Processing fee must be in the form of a check or money order made out to the "Commonwealth of Massachusetts"

Check the box if you are requesting examination accommodations due to a disability that substantially limits your ability to perform a major life activity. You must submit an <u>Accommodations Request Form</u> along with the required documentation as part of this application in order for this request to be considered.

Full Name:		Social Security No.:				
	(Print Legibly)	(Required)				
Home Address:		(0)	(0) ()			
	(Street)	(City)	(State)	(Zip Code)		
Mailing Address:	(Street)	(City)	(State)	(Zip Code)		
Date of Birth:		(Oky)				
Name of Employer:		Employ	Employer's Telephone No.:			
Employor's Address						
Linployer 3 Address.	(Street)	(City)	(State)	(Zip Code)		
Employment Title:						
Have you ever examin	ed for any of the	□ YES, When?				
•	eration Technician licenses?					
(List the last three dates y						
Do you now, or have y	ou held any of the Massachuset	ts Refrigeration Techniciar	n licenses?			
If YES, list the license	number:					
		(License Grade)		(Expiration)		

AUTHORIZATION FOR RELEASE OF RMV PHOTO INFORMATION (MASSACHUSETTS RESIDENTS ONLY)

My signature below authorizes the Office of Public Safety and Inspections to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database solely for use on this license/registration.

MA- RMV Photo Release Signature

Did you authorize OPSI to use your RMV photo or enclose a 2" by 2" photo? (<i>Required</i>)	□ YES	□ NO	
Did you include documentation from your employer that you have held and used a Massachusetts Refrigeration Technicians license for not less than <u>2,000 Hours</u> ? (Required – Must include employers Massachusetts Contractors License Number)	🗆 YES	□ NO	★ I held and used a refrigeration license in another jurisdiction for not less than 2000 hours.
Did you include documentation from an approved school that you completed <u>100 Hours</u> of additional refrigeration training post apprenticeship? <i>(Required)</i>	🗆 YES	□ NO	* I received 100 hours of additional training (post apprenticeship) at an institution in another jurisdiction.
Did you include your \$150.00 processing fee? (Non-Refundable Check or Money Order)	□ YES	□ NO	

*If an applicant has documentation that requirements have been met in another jurisdiction that are the equivalent of the Massachusetts requirements for completion of apprenticeship – Submit all documentation with this application. After review, your application MAY be forwarded to the Bureau of Pipefitters, Refrigeration Technicians and Sprinkler Fitters who may allow the candidate to sit for examination.

Under the penalties of perjury I certify that to the best of my knowledge and belief the information in this application is true, I have paid all State Taxes, and I have paid any and all outstanding civil fines owed to the Office of Public Safety and Inspections which are required under Law.

Signature of Applicant

PREREQUISITES:

<u>ALL</u> of the following items <u>MUST BE SUBMITTED WITH THE APPLICATION</u> in order for your application to be processed properly. Failure to submit all required information and proper fee will result in ineligibility to take the exam and forfeiture / loss of processing fee.

REFRIGERATION CONTRACTOR PREREQUISITES

- O A completed application with proper mailing address and social security number.
- O Attach a 2" x 2" Passport size photo (Unless Authorization for Release of RMV Photo Information Signed-Off)
- O Non-refundable application processing fee (\$150.00) in the form of a check or money order made out to the "Commonwealth of Massachusetts".
- O Documentation from employer that you have held and used a Massachusetts Refrigeration Technician license for not less than <u>2,000 Hours</u>.
- O Documentation from an approved school that you have completed **<u>100 Hours</u>** of additional Refrigeration training.
- O Proof that you are at least eighteen (18) years of age.

PLEASE MAIL ALL COMPLETED APPLICATIONS, ALONG WITH THE NON-REFUNDABLE APPLICATION PROCESSING FEE, TO THE ADDRESS BELOW: Division of Professional Licensure

Office of Public Safety and Inspections 1000 Washington Street Suite 710 Boston, MA 02118 ATTN: CASHIERS OFFICE

* INCOMPLETE APPLICATIONS WILL NOT BE SCHEDULED FOR EXAMINATION UNTIL ALL MISSING DOCUMENTATION IS SUBMITTED.

Date