



Commonwealth of Massachusetts
Office of Consumer Affairs
DIVISION OF PROFESSIONAL LICENSURE
Board of State Examiners of Plumbers and Gasfitters
1000 Washington Street, Suite 710,
Boston, Massachusetts 02118-6100

**FOR APPLICANTS WHO REGISTERED AS A PLUMBING
 APPRENTICE BEFORE SEPTEMBER 1, 2008***

VERIFICATION OF SCHOOL AND SHOP HOURS FOR 300 HOUR PROGRAM

TO THE BOARD OF STATE EXAMINERS OF PLUMBERS AND GASFITTERS:

In connection with my application for a journeyman plumber license, I submit the following verification of schooling:

 Name of Applicant: (Type or Print Clearly) Address

 Signature of Applicant Date

THE FOLLOWING IS TO BE COMPLETED BY SCHOOL OFFICIALS

Subject to the rules set forth in Section 4 of Chapter 142 of the General Laws, I subscribe to and vouch for the statement made by:

 Name of Applicant: (Type or Print Clearly) Address

 Name of School Address

From _____ To _____
 Date of Enrollment Date of Completion of Course or Graduation

During that time, the student successfully completed the following which meets the requirements of 248 CMR 11.00

_____ hours of basic plumbing and gas fitting theory for Journeyman Plumber Licensure

As a full time day student who graduated with a plumbing certificate, the student successfully completed:

_____ hours of shop under the supervision of a licensed plumber and obtained

_____ hours of theory

 Name of Designated School Official – Type or Print Title

 Signature of Designated School Official Date

 Name of Plumbing Instructor – Type or print Master License Number

 Signature of Plumbing Instructor School Phone Number

*Refer to 248 CMR 11.02 (1) (a)