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 AFTER SEPTEMBER 1, 2008*

VERIFICATION OF SCHOOL AND SHOP HOURS FOR 550 HOUR PLUMBING TIER 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

- ☐ 110 hour Tier 1 First Year Lesson for Journeyman Plumber Licensure
- ☐ 110 hour Tier 2 Second Year Lesson for Journeyman Plumber Licensure
- ☐ 110 hour Tier 3 Third Year Lesson for Journeyman Plumber Licensure
- ☐ 110 hour Tier 4 Fourth Year Lesson for Journeyman Plumber Licensure
- ☐ 110 hour Tier 5 Fifth Year Lesson for Journeyman Plumber Licensure

As a full time day student who graduated with a plumbing certificate, the student has also successfully completed _____ hours of shop under the supervision of a licensed plumber.

Name of Designated School Official – Type or Print Title

Signature of Designated School Official Date

Name of Plumbing or Gas Fitting Instructor – Type or print Master License Number

Signature of Plumbing or gas Fitting Instructor School Phone Number

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