



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

STATEMENT OF EXPERIENCE FOR PLUMBERS

EMPLOYEE STATEMENT

This section must be filled out by the Apprentice Plumber

Erasures, Mark Overs or White Outs will not be accepted

Name of Apprentice Plumber: _____
First Middle Last

Address: _____
Number Street City/Town Zip Code

Apprentice License Number _____ Date of Issue _____

EMPLOYERS STATEMENT

This section must be filled out by the employing Master Plumber

This is to certify that: _____ was directly employed by me on my payroll as a properly licensed Apprentice while performing properly supervised plumbing from:

_____ to _____
Month Day Year Month Day Year
(to present is unacceptable)

Total hours the licensed Apprentice was directly employed by me performing supervised plumbing: _____
Note: Vocational school Co-op employment hours may not be included.

Name of Master Plumber: _____
First Middle Last

Address: _____
Number Street City/Town Zip Code

Business Name (if applicable): _____

Phone Number: _____ email: _____

Master License Number _____ Original Date of Issue _____ Business License Number _____ Original Date of Issue _____

Can you produce Social Security Records for this person? Yes No

As the employer I hereby certify that the above statements are true and are made subject to the penalties of perjury. In addition, I certify that for the entire time listed above, the applicant worked for me as an apprentice plumber and not as an independent contractor or a subcontractor performing non-plumbing work.

Signature of Employing Master Plumber _____