

# EDUCATION VERIFICATION FORM A

**THIS PAGE SHOULD ONLY BE FILLED OUT BY APPRENTICE PLUMBERS WHO QUALIFY FOR THE 3 YEAR WORK EXPERIENCE, 300 HOUR EDUCATIONAL PROGRAM.**

**APPLICANTS WHO WERE ISSUED THEIR LICENSE PRIOR TO SEPTEMBER 1, 2008**

Apprentice License Number: \_\_\_\_\_

Do you have a High School Diploma or GED? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please include with this application a copy of your diploma, transcripts or G.E.D. for Board review.

If no, please contact the Board for further information. Please note, a high school diploma or G.E.D. is required to apply for this license.

Have you completed the required hours of apprentice education training (300 hours) Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, please contact the Board for further information. Please note, 300 hours of classroom education is required for all individuals who were issued an apprentice license prior to September 1, 2008.

Have you completed the required hours of work experience (5100 hours) Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, please contact the Board for further information. Please note, 5100 hours of supervised work experience is required for all individuals who were issued an apprentice license prior to September 1, 2008.

## **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 Apprentice Plumber

\_\_\_\_\_  
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:

\_\_\_\_\_ Hours of basic plumbing and gas fitting theory necessary for the Journeyman Plumbing Exam

As a full time Vocational high School student who graduated with a plumbing certificate, this student successfully completed:

\_\_\_\_\_ hours of supervised hands on work experience and obtained \_\_\_\_\_ hours of plumbing and gas fitting classroom education

\_\_\_\_\_  
Name and Title of Designated School Official – Type or Print

\_\_\_\_\_  
Signature of Designated School Official

\_\_\_\_\_  
Name of Plumbing Instructor

\_\_\_\_\_  
Master License Number

\_\_\_\_\_  
Signature of Plumbing Instructor

\_\_\_\_\_  
School Phone Number

\_\_\_\_\_  
Plumbing Instructor email address

\_\_\_\_\_  
Date