



The Commonwealth of Massachusetts  
**DIVISION OF PROFESSIONAL LICENSURE**  
 BOARD OF STATE EXAMINERS OF PLUMBERS AND GAS FITTERS  
 1000 Washington Street, Suite 710 – Boston, Massachusetts 02118-6100

**JOURNEYMAN PLUMBER**  
**EXAMINATION APPLICATION**

**If you are filling this out by hand, PLEASE PRINT CLEARLY**

**NOTE: \$31.00 Application Fee – Make check or money order payable to the Commonwealth of Massachusetts**

**APPLICANT INFORMATION**

Application Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Maiden Name, Former Name, Also Known as, if applicable: \_\_\_\_\_

Other Last Name \_\_\_\_\_ Other First Name \_\_\_\_\_ Other Middle Initial: \_\_\_\_\_

Gender:      Male:          Female:          Prefer not to answer:

Mailing Address: \_\_\_\_\_  
   Number    Street    City/Town    State      Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

**Please note: EMAIL is the primary means of contact for routine correspondences during the application process.**

**Social Security Number (Mandatory):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Pursuant to G.L. c.62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes:                  No:

If yes, please state the details (use a separate sheet if necessary):

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Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes:                  No:

If yes, please state the details (use a separate sheet if necessary):

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Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: No:

If yes, please state the details (use a separate sheet if necessary):

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Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: No:

If yes, please state the details (use a separate sheet if necessary):

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Have you ever been convicted of, or admitted to, a felony or misdemeanor in the United States or any country or foreign jurisdiction? Yes: No:

If yes, please state the details (use a separate sheet if necessary):

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Have you ever been charged with a criminal violation which led to a disposition of "continued without a finding"("CWOFF") or admission to sufficient facts? Yes: No:

If yes, please state the details (use a separate sheet if necessary):

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List **all** professional licenses/certifications you have held in the United States, or any country or jurisdiction, and the state/jurisdiction from which the license/certification was originally issued.

Type of License: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_ License Number: \_\_\_\_\_

Type of License: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_ License Number: \_\_\_\_\_

**MILITARY STATUS**

Please check the appropriate box: Active Duty: Spouse: Veteran: Not Applicable