



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 to 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 \_\_\_\_\_

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 \_\_\_\_\_

PHOTOSTATS OF THESE SHEETS ARE UNACCEPTABLE