



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:



**YOU MUST INCLUDE THIS  
APPLICATION CHECKLIST  
WITH YOUR APPLICATION**

I have included a 2" x 2" color passport photo

I have completed the "Statement of Experience" form

I have completed the "Education Verification" form

I have included the "CORI Authorization Form"

I have included the \$ 31.00 non-refundable application / license fee payable to the  
**"Commonwealth of Massachusetts"**

**VETERANS ONLY**: I have included a copy of my DD form 214

**MANDATORY**

**My social security number is:**

Pursuant to G.L. c. 62C, § 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.

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Signature of applicant	Date of Birth (mm/dd/yyyy)	Date
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*Mail your completed application to:  
Board of Examiners of Plumbers and Gas Fitters  
1000 Washington Street – Suite 710  
Boston, MA, 02118-6100*

Page The Board is certified by the Criminal History Systems Board (ID#MAREG G) to access data about convictions and pending criminal cases. Those records – and other Federal and professional records – may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity for a limited appearance before the Board of State Examiners of Plumbers and Gas Fitters.

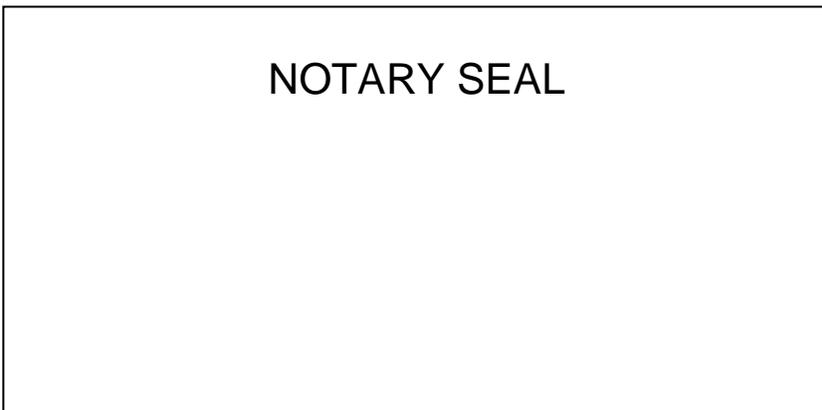
**THE FOLLOWING IS TO BE COMPLETED IN THE PRESENCE OF A NOTARY.**

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Examiners of Plumbers and Gas Fitters to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c.62C, §49A, to the best of my knowledge and belief, I have filed all Massachusetts tax returns and paid all Massachusetts taxes required by law.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Notary Name (print) \_\_\_\_\_

Notary Signature \_\_\_\_\_ Commission Expires \_\_\_\_\_



# CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

## FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please provide the name of the board of registration and license type for which you are applying or currently hold:*

\_\_\_\_\_  
Board of Registration

\_\_\_\_\_  
License Type

NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.

