Commonwealth of Massachusetts
Division of Professional Licensure
Board of State Examiners of Plumbers and Gas Fitters
1000 Washington Street • Boston • Massachusetts • 02118-6100

GAS FITTING LLC CERTIFICATE APPLICATION

$225.00 Application Fee by check only – Payable to "Commonwealth of Massachusetts"
MUST BE FILLED OUT BY THE MASTER GAS FITTER OF RECORD

PLEASE PRINT CLEARLY

Full Name	Date of Birth:	Social Security Number: _____ _____ _____	
Residence (Street and Number):	City/Town:	State:	Zip Code:
Full Name of Business LLC:			
Location of Business (Street and Number):	City/Town:	State:	Zip Code:
Business Phone:	Cell Phone:	email:	

Provide the names and addresses of all managers, officers, directors and/or members of the LLC		
Individual Name	**Title**	**Address** (no P.O. Box) Address, City or Town, State, Zip Code

TEL: 617-727-9952 **FAX: 617-727-6095** **TTY/TDD: 617.727.2099** **http://www.mass.gov/dpl/boards/pl**

ALL OF THE FOLLOWING ITEMS MUST BE INITIALED BY THE APPLICANT. IF LEFT BLANK, THE APPLICATION WILL BE DEEMED INCOMPLETE AND WILL NOT BE ACCEPTED.	
1. I have included with this application a signed and stamped copy of the Certificate of Organization from the Secretary of State for the Commonwealth of Massachusetts.	INITIAL BELOW
2. The installation of "GAS FITTING WORK" is clearly stated as one of the disciplines in the Certificate of Organization from the Secretary of State for the Commonwealth of Massachusetts.	INITIAL BELOW
3. As the applicant and the Master Gas Fitter of record, I am listed as a Manager of the Corporation.	INITIAL BELOW
3. I have included with this application a non refundable fee of $225.00 in the form of a check made payable to the "Commonwealth of Massachusetts.	INITIAL BELOW

PLEASE COMPLETE THE FOLLOWING IN ADDITION TO THE ITEMS LISTED ABOVE IF THIS APPLICATION IS BEING SUBMITTED TO CHANGE THE MASTER GAS FITTER OF RECORD WHILE RETAINING THE CURRENT LLC NUMBER ISSUED BY THIS BOARD PREVIOUSLY TO A DIFFERENT MASTER GAS FITTER. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.	
1. **If the former Master Gas Fitter has been terminated or resigned:** I have included with this application a notarized letter showing that the former Master Gas Fitter of record has resigned, been terminated or is otherwise disassociated from this LLC.	INITIAL BELOW
2. I have included the current LLC license issued to the former Master Gas Fitter of record in this application.	INITIAL BELOW
3. **If the former Master Gas Fitter has passed away**: I have included a copy of the death certificate for the former Master Gas Fitter of record.	INITIAL BELOW
4. I have included a copy of the certificate of change of manager showing my appointment as an officer of this LLC with in this application.	INITIAL BELOW
5. I have included with this application the original and new Certificate of Organization from the Secretary of State for the Commonwealth of Massachusetts.	INITIAL BELOW

I certify, under pains and penalties of perjury that the information on this form is true and accurate.

Signature of Applicant _____ **Date:** _____