

# BOARD OF EXAMINERS OF SHEET METAL WORKERS

## *SHEET METAL BUSINESS* LICENSE APPLICATION

1) Application Date: \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

2) Company Name: \_\_\_\_\_

3) Company Address: \_\_\_\_\_  
No. Street Unit #  
\_\_\_\_\_  
City/Town State Zip Code

4) E-mail Address: \_\_\_\_\_  
**Please note: EMAIL is the primary means of contact for routine correspondences during the application process.**

5) Preferred Communication: Email \_\_\_\_ Mail \_\_\_\_

6) Telephone : Primary \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ Ext. \_\_\_\_ \_\_\_\_ \_\_\_\_  
Mobile \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_  
Other \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ Ext. \_\_\_\_ \_\_\_\_ \_\_\_\_

7) Fax : Fax No. \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ Ext. \_\_\_\_ \_\_\_\_ \_\_\_\_

8) What is the company's Federal Employer Identification Number ?  
F.E.I.N. # \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

9) What is the company's legal structure ?  
LLP \_\_\_\_ LLC \_\_\_\_ Corporation \_\_\_\_ Partnership \_\_\_\_

10) How many years has the company been incorporated ? \_\_\_\_\_

11) If the company is doing business under another name (DBA) please provide the name it is doing business as.

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Name of Business - DBA

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|             |        |          |
|-------------|--------|----------|
| No.         | Street | Unit #   |
| City / Town | State  | Zip Code |

12) Please list all principals and / or partners and applicable Sheet Metal License #:

|             |        |      |             |
|-------------|--------|------|-------------|
| First       | Middle | Last | License No. |
| No.         | Street |      | Apt. #      |
| City / Town | State  |      | Zip Code    |

  

|             |        |      |             |
|-------------|--------|------|-------------|
| First       | Middle | Last | License No. |
| No.         | Street |      | Apt. #      |
| City / Town | State  |      | Zip Code    |

  

|             |        |      |             |
|-------------|--------|------|-------------|
| First       | Middle | Last | License No. |
| No.         | Street |      | Apt. #      |
| City / Town | State  |      | Zip Code    |

13) Please indicate the officer / employee that will be designated as the licensed Master Sheet Metal Worker / Responsible Craftsman:

|             |        |          |             |
|-------------|--------|----------|-------------|
| _____       | _____  | _____    | _____       |
| First       | Middle | Last     | License No. |
| _____       | _____  | _____    | _____       |
| No.         | Street | Apt. #   |             |
| _____       | _____  | _____    |             |
| City / Town | State  | Zip Code |             |

14) Responsible Craftsman Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

15) Please provide the following company information:

Total number of employees with Master M-1 or M-2 Sheet Metal Workers Licenses \_\_\_\_

Total number of employees with Journeyman J-1 or J-2 Sheet Metal Worker Licenses \_\_\_\_

Total number of employees with Apprentice Class A Sheet Metal Worker License \_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

17) 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):

\_\_\_\_\_  
\_\_\_\_\_

18) 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):

\_\_\_\_\_  
\_\_\_\_\_

19) 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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20) 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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21) 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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22) 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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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 Sheet Metal Workers 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 Master Sheet Metal Worker /  
Responsible Craftsman

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Date

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

In checking each box below, I certify, under the pains and penalties of perjury, the truth of the corresponding statement:

- I have read the "Instructions for Class B - Business License Application".
- I have enclosed a completed "License Application" form.
- I have enclosed sealed, official, certificates of standing from each jurisdiction (outside of MA) in which I have held a professional sheet metal license or certification.
- I have enclosed our Articles of Organization and Certificate of Liability Insurance.
- I have enclosed a \$ 225.00 Check/Money Order payable to: **Commonwealth of MA.**

**MANDATORY**

Please list the social security number for the Master Sheet Metal Worker / Responsible Craftsman of record and the Company's Federal Identification Number:

**My Social Security is:**

-  -

AND

**Company Federal Identification Number is:**

-  -

Pursuant to G.L. c. 62C, § 47A, the Division of Professional Licensure is required to obtain your Social Security and Federal Identification Number and forward it to the Department of Revenue. The Department of Revenue will use these numbers to ascertain whether you are in compliance with the tax laws of the Commonwealth.

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Signature of Master Sheet Metal Worker /  
Responsible Craftsman

Date of Birth (mm/dd/yyyy)

Date

*Mail your application materials to:*

*DPL - Board of Sheet Metal, 1000 Washington Street – Suite 710, Boston, MA, 02118 - 6100.*

**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 provided, however, that the Division of Professional Licensure must first provide me with written notice of this check.

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

**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.**

**SUBJECT INFORMATION:** (A red asterisk (\*) denotes a required field)

\_\_\_\_\_  
\*Last Name                      \*First Name                      Middle Name                      Suffix

\_\_\_\_\_  
\*Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
\*Date of Birth                      Place of Birth

\*Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Current and Former Addresses:

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

**IDENTITY VERIFICATION SECTION: If this form is submitted by hand at DPL Offices, Section A must be completed. Otherwise, Section B must be completed.**

**SECTION A: VERIFICATION BY DPL EMPLOYEE:** I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:<sup>1</sup>

- Passport    State Issued driver's license    Military identification    State-issued identification card

VERIFIED BY: \_\_\_\_\_  
Name of Verifying DPL Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying DPL Employee                      Date

**SECTION B: VERIFICATION BY NOTARY:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:<sup>†</sup>

- Passport    State-issued driver's license    Military identification    State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public:                      Notary Commission Expires On

<sup>1</sup> If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).