

BOARD OF EXAMINERS OF SHEET METAL WORKERS

Instructions for *BUSINESS* license application

- **Please read all instructions before starting your application.** The intent of this application is to determine whether the applicant meets the licensing requirements. If you have any questions, contact the Board before mailing the application. Incomplete applications will be significantly delayed. Because of the high volume of telephone calls, email is highly recommended. See www.mass.gov/dpl/boards/sm for a link to the latest email and telephone information.
- This is an application for a Class B - Sheet Metal Business License. To qualify for a Business License candidates must submit a complete application with non-refundable fee and adhere to the following:
 - Businesses **must** be a properly constituted and chartered business organization recognized by the Secretary of the Commonwealth and shall submit Articles of Organization and Certificate of Liability Insurance with application.
 - **All** partners in a partnership or LLP shall possess current Master Sheet Metal Worker licenses.
 - Each corporation **must** have at least one Master Sheet Metal Worker as a corporate officer, the corporation shall designate a Master Sheet Metal Worker as its Responsible Craftsman.
 - Each LLC **must** designate a Master Sheet Metal Worker as the manager and Responsible Craftsman.
 - All principals of the business shall be of good moral character.
- If the companies licensed Master Sheet Metal Worker / Responsible Craftsman of record is ineligible for a Social Security Number, contact the Board for instructions.
- Please note the personal or business address that you choose as your mailing address is **public record** and will be released to anyone upon request.
- If the companies licensed Master Sheet Metal Worker / Responsible Craftsman of record has been convicted of a crime all offenses must be listed inclusive of OUI, DUI, and Operating after/with suspended license or registration. Dispositions of “continued without finding” (“CWOFF”) or “admission to sufficiency of facts” must be reported. Do not include minor traffic offense(s).
- Include a check or money order for \$ 225.00 in U.S. funds made payable to the **Commonwealth of Massachusetts**. The fee is **not** refundable. Please note that your application will not be processed without the correct fee. The initial fee includes both application processing and your first license.

SHEET METAL BUSINESS
LICENSE APPLICATION

1) Company Name: _____

2) Company Address: _____

No. Street Apt. #

City/Town State Zip Code

3) E-mail: _____

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

4) Telephone Number-Day: _____ Evening: _____

5) Company information: LLP/Partnership ____ LLC ____ Corporation ____ Years in Business ____

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

6) 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	

7) Please estimate the following employee licensing 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 _____

8) List **all** professional licenses/certifications that the companies licensed Master Sheet Metal Worker / Responsible Craftsman of record has held in the United States, or any country or foreign jurisdiction, and the state/jurisdiction from which the license/certification was originally issued. Enclose a certificate of standing from each state or jurisdiction **outside Massachusetts** in which you have been licensed / certified, indicating the status of your license and any disciplinary information. _____

9) Has any disciplinary action been taken against the companies licensed Master Sheet Metal Worker / Responsible Craftsman of record 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): _____

10) Is the companies licensed Master Sheet Metal Worker / Responsible Craftsman of record 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): _____

11) Has the companies licensed Master Sheet Metal Worker / Responsible Craftsman of record 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): _____

**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:

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.

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.