

The Commonwealth of Massachusetts **Division of Professional Licensure** 1000 Washington Street Suite 710 • Boston, Massachusetts 02118-6100 <u>Board of State Examiners of Electricians</u> www.mass.gov/dpl/boards/el (617)727-9931

VOCATIONAL TRADE SCHOOL according to MGL Chapter 74 (FORM 222) MASS APPROVED PROGRAM ONLY

THE FOLLOWING MUST BE SIGNED BY THE STUDENT PRIOR TO SUBMITTING TO SCHOOL

In connection with my application for a Journeyman/ Systems Technician license exam, I submit the following certificate of education and experience, which I obtained by attending the herein named school.

Name of Applicant - Type or Print your name

SSN last four digits

Signature

THE FOLLOWING IS TO BE COMPLETED BY SCHOOL OFFICIALS

Student Name		Addr	ess			
Name of School			Ad	dress		
Journeyman Electrical curriculum	Commencement Date		Completion Date		classroom hours	shop hours
Company				Start Date	End Date	Coop hours
Systems Technician curriculum	Commencement Date		Completion Date		Classroom hours	Shop hours
Company				Start date	End date	Coop hours
Subject to the penalties so is accurate.	et forth in Sectio	on 5 of chaj	pter 141 of the	Mass General L	aws, I attest that the	information provided
Name of Designated School Official		Title		Signature of Designated School Official		Date
Name of Licensed Instructor Electrical/System		al/Systems L	icense number	Signature Education Approval Number		

IMPRINT SCHOOL SEAL HERE

Mass General Law, Chapter 141 Section 9. Any person, applying for a license and making any misstatement as to his or her experience or other qualifications, or any person, firm or corporation subscribing to or vouching for any such misstatement, shall be subject to penalties set forth in. Section 5.