



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

ORGANIZATION APPROVED IN-HOUSE PROGRAM (FORM 224)
FOR MEMBERS OR EMPLOYEES

THE FOLLOWING MUST BE SIGNED BY THE MEMBER OR EMPLOYEE

In connection with my application for a Journeyman/ Systems Technician license exam, I submit the following certificate of education, which I obtained by attending courses provided by the herein organization.

Name - Type or Print your name

SSN last four digits

Signature

THE FOLLOWING IS TO BE COMPLETED BY AUTHORIZED PERSONNEL

Student Name	Address		
Name of Organization		Address	
Journeyman Electrical program	Enrollment Date	Completion Date	hours
Systems Technician program	Enrollment Date	Completion Date	hours
Name of Designated organization Official		Title	
<p>Subject to the penalties set forth in Section 5 of chapter 141 of the Mass General Laws, I attest that the information provided is accurate.</p>			
_____			_____
Signature of Designated organization Official			Date

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.