



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

**APPLICATION FOR REINSTATEMENT OF EXPIRED LICENSE**

Continuing education requirements for reinstatement of expired licenses are established by the Board of State Examiners of Plumbers and Gas Fitters in regulation 248 CMR 11.04 (5) and may be viewed on the Board's website at: [www.mass.gov/dpl/boards/pl](http://www.mass.gov/dpl/boards/pl).

**PLEASE TYPE YOUR INFORMATION**

LAST NAME:  FIRST NAME  MIDDLE INITIAL:   
 ADDRESS:  CITY/TOWN:  STATE  ZIP:   
 HOME PHONE:  CELL PHONE:  EMAIL:   
 LAST SIX DIGITS ONLY OF SOCIAL SECURITY NUMBER:  \*  DATE OF BIRTH:

**LICENSE NUMBER TO BE REINSTATED:**

AP:  JP:  MP:  AG:  JG:  MG:  LP:

In the time that your license has been expired, has a licensing/certification board located in the United States or any country or foreign jurisdiction taken any disciplinary action against you, or are you the subject of any open or pending action?  
 Yes  No  If yes, please provide detailed information. If more space is required, attach sheet to the application.

During the time your license was expired, have you held yourself out as a plumber or gas fitter or otherwise practiced plumbing or gas fitting in Massachusetts? Yes  No  If yes, please explain. If more space is required, attach sheet to the application.

In the time that your license has been expired have you been convicted of a felony or misdemeanor other than a traffic violation in the United States or any country or foreign jurisdiction? Yes  No  If yes, please provide detailed information. If more space is required, attach sheet to the application.

The Board is certified by the Massachusetts Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records and other Federal and professional records may be checked as part of the licensing process. I hereby subscribe to and vouch for the statements made herein to be accurate and true in every respect and I am signing this document of my own free will without coercion on this  day of  20.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

***You must attach all continuing education certificates to this application relative to the time your license was expired.*** Upon application review, the Board may request additional information or impose additional requirements for reinstatement, including continuing education, additional education and/or passing the appropriate examination.