

perjury.

## State of New Hampshire office of professional licensure and certification DIVISION OF LICENSING AND BOARD ADMINISTRATION

7 Eagle Square, Concord, NH 03301 Phone: 603-271-2152

## MECHANICAL APPRENTICE /TRAINEE ENDORSEMENT LETTER

Name of Trainee/Appr	rentice:	
is in the process of ob plumber. During this p	taining the necessary traini process this individual will v lividual will only work unde	er my supervision. I hereby certify that the above-named individualing and experience to become a NH licensed gas fitter and/or work under the direct supervision of a licensed gas fitter/plumber. In the scope of a person licensed for a specialty equal to or high
Name of Licensed G	Gas Fitter:	
NH Gas Lic. #:		Expiration Date:
Name of Licensed P	Plumber:	
Plumber Lic. #:		Expiration Date:
Physical Address		
Address:		Home Telephone:
City:		Email:
State:		Zip Code:
Employer		
Company Name:		
Address:		Work Telephone:
City:	State:	Zip Code:
Signature of Licensed Gas Sponsor:		Date:
Signature of Licensed Plumber Sponsor:		Date:
Trainee/Apprentice	Signature:	Date:
I attest that the info	ormation listed above is t	rue to the best of my knowledge under the penalties of