



**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/Apprentice: \_\_\_\_\_

*The above-named individual is an employee under my supervision. I hereby certify that the above-named individual is in the process of obtaining the necessary training and experience to become a NH licensed gas fitter and/or plumber. During this process this individual will work under the direct supervision of a licensed gas fitter/plumber. The above-named individual will only work under the scope of a person licensed for a specialty equal to or high than the trainee/apprentice.*

**Name of Licensed Gas Fitter:** \_\_\_\_\_

NH Gas Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Name of Licensed 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 information listed above is true to the best of my knowledge under the penalties of perjury.