

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION



Office: 7 Eagle Square., Concord, NH
Mailing Address: 7 Eagle Square, Concord, NH 03301
603-271-2152

INSTRUCTIONS FOR COMPLETING OIL
HEATING TECHNICIAN VOLUNTARY CERTIFICATION
APPLICATION FORM

1. Select application type. New or Renewal. If renewal, indicate previous certification #.
2. Fill in name, physical address, city, state and zip of applicant's home address. Add mailing address if different from physical address.
3. Enter home telephone or other primary contact phone. Enter Date of Birth.
4. Enter home e-mail address if applicable
5. Enter employer's name, physical address, city, state and zip. Add mailing address if different.
6. Enter employer's work telephone and fax numbers.
7. Enter applicant's work e-mail address if applicable.
8. Sign and date the application.

Fees:

Basic certificate - Initial	\$50.00
Basic Certificate – Renewal	\$50.00

Required paperwork:

- Completed and signed DSFM 87 form (Application Form)
- Valid driver's license or other form of government issued picture ID.
- Completed and signed affidavit
- Check for application fee made out to State of NH Treasurer
- Copies of all relevant certificates of completion.(NORA Silver or Gold)
or
- Copy of an oil license in another state

REV: 3/27/23

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE & CERTIFICATION
7 EAGLE SQ
CONCORD, NH 03301

603-271-2152

APPLICATION FOR VOLUNTARY CERTIFICATION OF OIL HEATING TECHNICIANS

TYPE: Original Renewal Previous Cert #: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____ SUFF: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____ DATE OF BIRTH: _____

HOME E-MAIL ADDRESS: _____

EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK TELEPHONE: _____ WORK FAX: _____

WORK E-MAIL ADDRESS: _____

SIGNED: _____ DATE: _____

FOR DEPARTMENT USE ONLY

RECEIVED: _____ BY: _____ PAID BY CHECK #: _____

SUPPORTING DOCUMENTATION COMPLETE (Y/N) _____ REVIEWED: _____ BY: _____

CERTIFICATE ISSUED: _____ CERTIFICATE NUMBER: _____ BY: _____

EXPIRATION DATE: _____ DATE ENTERED: _____ BY: _____

Note: This application is only for the voluntary certification of OIL heating technicians and is not to be confused with the application for licensure for gas fitters promulgated by HB1711 (Amilia's Law)

STATE OF NEW HAMPSHIRE
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MAILING ADDRESS: 7 EAGLE SQUARE, CONCORD, NH 03301
PHONE: 603-271-2152

AFFIDAVIT FOR PROOF OF APPROPRIATE FIELD EXPERIENCE

First Name: _____ **Last Name:** _____ **Date:** _____

Start Date	End date	Name of Company Phone #	Supervisors Name printed	Type of work performed

Additional comments:

Signature: _____ **Date:** _____

I acknowledge that, under RSA 641:3, I knowingly making a false statement on this affidavit form is a misdemeanor. I certify that the information I have provided on all parts of the affidavit form and in the documents that I have personally submitted to support my application is complete and accurate to the best of my knowledge and belief. I also certify that I have read RSA 153:27 through RSA 153:38 and the statues and rules of the board and promise that, if I am licensed or certified, I will abide by them.