



**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

**APPLICATION TO:**

- CHANGE OF MASTER FOR APPRENTICE**  
 **GRADUATING HIGH SCHOOL APPRENTICE**

Name:			Apprentice #:		
Last	First	Middle Initial			
Mailing Address:					
Street		City		State	Zip Code
E-Mail:			Phone:		
<b><u>NEW EMPLOYER (NH MASTER LICENSEE)</u></b>					
Print name: _____			NH Master License #: Date		
Signature: _____			Apprentice started:		
<b><u>GRADUATED HIGH SCHOOL APPRENTICE</u></b>					
Name of High School:			Date of Graduation:		
Manchester School of Technology <input type="checkbox"/>					
(MST) Pinkerton <input type="checkbox"/>					
Nashua South <input type="checkbox"/>					
Dover <input type="checkbox"/>					
<b><u>INCLUDE LETTER FROM TEACHER OF CTE PROGRAM WITH SCHOOLING AND PRACTICAL EXPERIENCE HOURS CREDITED</u></b>					