



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:		
<u>NEW EMPLOYER (NH MASTER LICENSEE)</u>					
Print name: _____			NH Master License #: Date		
Signature: _____			Apprentice started:		
<u>GRADUATED HIGH SCHOOL APPRENTICE</u>					
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"/>					
<u>INCLUDE LETTER FROM TEACHER OF CTE PROGRAM WITH SCHOOLING AND PRACTICAL EXPERIENCE HOURS CREDITED</u>					