



STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY
John J. Barthelmes, Commissioner



Division of Fire Safety
OFFICE OF THE STATE FIRE MARSHAL
J. William Degnan, State Fire Marshal

Office: NH Incident Management Center, 110 Smokey Bear Blvd., Concord, NH
Mailing Address: 33 Hazen Drive, Concord, NH 03305
603-271-3294, FAX 603-271-3206

NH GAS FITTER'S LICENSING PROGRAM
TRAINING ENDORSEMENT LETTER

NAME OF TRAINEE: _____ **DATE:** _____

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. During this process this individual will work under the supervision of a licensed gasfitter in accordance with the provisions of the NH Gas Fitter's law and rules, specifically, Saf-C 8003.02. The above named individual will only work under the scope of a person licensed for a specialty equal to or higher than the trainee.

NAME OF LICENSED GAS FITTER: _____

NH LIC #: GF _____ **EXPIRATION DATE:** _____

HOME ADDRESS: _____

TOWN: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____

COMPANY NAME: _____

WORK ADDRESS: _____

TOWN: _____ **STATE:** _____ **ZIP:** _____

WORK PHONE: _____

I attest that the information listed above is true to the best of my knowledge under the penalties of perjury.

SIGNATURE OF LICENSED SUPERVISOR

DATE