



# Blackstone Valley Regional Vocational Technical High School

## Certificate of School Experience Request Form (Request of Shop Hours for Licensing)

This application is intended for students who participated in HVAC & R, Electrical or Plumbing.

### APPLICANT INFORMATION

Full Name at Time of Enrollment (First, Middle & Last)

Current Full Name (if different than BVT records)

Street Address

City

State

Zip

Home Phone

Cell Phone

Email

Preferred method of contact for any necessary follow-up:  cell phone  email  home phone

to

Shop School Year Began to School Year End

If Electrical Shop, please provide the last four digits of your social security number \_\_\_\_\_

Did you graduate or withdraw from BVT? \_\_\_\_\_

Did you participate in Co-op?  No  Yes

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

*\* If you became a full-time employee after completing your Co-op employment, indicate your date of hire with the company as the end date.*

Depending upon the type of certificate needed, it may take 1-2 weeks to process. You will be contacted via your preferred method when it is completed.

Signature of Applicant

Date

Form to be completed and submitted to Vocational Office by:

1. EMAIL: [mainofficesecretaries@valleytech.k12.ma.us](mailto:mainofficesecretaries@valleytech.k12.ma.us) 2. FAX: 508-529-2403 3. MAIL: BVT: 65 Pleasant St, Upton, MA 01568 ATT: Main Office