



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:** office@valleytech.k12.ma.us 2. **FAX:** 508-529-2403 3. **MAIL:** BVT, Voc. Office, 65 Pleasant St, Upton, MA 01568