



Online & LDLT Continuing Education Application Form

First Name: _____

Last Name: _____

Address: _____

City/Town: _____

State: _____

Phone Number: _____

Email Address: _____

Which Session do you need? 3 4 5 6 7 8 9 10

Which course do you need? **(Plumbing course includes 3 hour plumbing 3 hours gasfitting)**

6 Hours Plumbing **\$200.00 Each Course** 3 Hours Gasfitting **\$125.00 Each Course**

Check all licenses that apply

Journeyman Plumber License Number: _____

Master Plumber License Number: _____ Corporation Number _____

Journeyman Gasfitter License Number: _____

Master Gasfitter License Number: _____ Corporation Number _____

LP Installer License Number: _____

Choose an option to take the course

Mail the work book and questions and I will mail the questions back

Mail check and form to:

MPCES

P.O. BOX 358

Watertown MA. 02471

Amount Enclosed \$ _____

Print this form and mail it with your check or money order

***Personal checks must clear our bank before the course is sent to you ***