Commonwealth of Massachusetts

Construction Supervisors License Continuing Education Coordinator Registration Application

Mail Application To: Department of Public Safety · Kimberly Spencer · 50 Maple Street – First Floor · Milford MA · 07575-3698

R5.4.8 Course coordinator. Each course of study shall have at least one coordinator, which is a person who is registered with the BBRS, who is responsible for supervising the program and ensuring compliance with all relevant law. Each Coordinator shall oversee no more than twelve (12) courses of study.

COORDINATOR INFORMATION: *Office Use Only ~ Coordinator ID#: CS-CD-*_____

Name and Title:

Email Address:

Phone Number:

Name of Organization:

Organization Website :

Address:

City: State: Zip:

APPLICATION FEE and ATTACHMENTS:

New Coordinator Registration fee $400 (make checks payable to Commonwealth of Massachusetts)

Copy of Certificate of Completion

Certificates of Completion must have, at the minimum, the following information:

- Attendees Name and CSL Number
- BBRS/CSL Continuing Education Course approval number along with the name of the course submitted to this office
- Coordinator name and Coordinator number
- Course Completion Date

Coordinator Responsibilities:

- I understand a coordinator is responsible for ensuring compliance with all laws and rules relating to continuing educational offerings governed by the BBRS including inherence to paragraph 13 facilities, ensuring instructors are qualified, including signing and issuing course completion certificates, maintaining student attendance records, being available to instructors and students throughout course offerings, etc.
- I certify I will notify the Board of Building Rebulations and Standards in writing within 10 days of any change in the information in an application for approval on file with BBRS
- I certify all of the information submitted in this application is true and complete and that this document has not been changed in any manner from the form adopted by the Department of Public Safety.

I do solemnly swear that the answers given by me on this application including all attachments are true and complete to the best of my knowledge under the penalties of perjury.

SIGNATURE OF COORDINATOR APPLICANT(mandatory)	DATE

Office Use Only Coordinator ID Number:

Denied _____ Approved _____ By: Date:

Transaction Number: Check Number: Expiration Date: