

Commonwealth of Massachusetts

Division of Occupational Licensure Office of Public Safety and Inspections Board of Building Regulations and Standards



1 Federal Street, Suite 0600 Boston, MA 02110-2012

The Building Official Certification Committee's Application for Continuing Education Credit Attachment B

Purpose: This application shall be used by an individual or organization:

- 1. seeking continuing education credit for training as defined in the Building Official Certification Committee's policy for maintenance of certification, or
- 2. seeking continuing education credit for programs or courses of study offered by an approved* code enforcement, certification or licensing agency, an accredited academic institution, or an approved* professional organization.

Please submit within 30 days of completion of training to BOCC-MA@mass.gov

Part One:					
Name of Applicant:	Certification Number:				
Address of Applicant: _					
	No & Street	Town	n	State	Zip
Phone Number:		Email:			
Part Two:					
Applicant seeks credit J	for: Continuing Education	n Training completed in (name	e of state*)		
*Signature of Instruct	or:				
		on in a state OTHER than Mas	ssachusetts)		
Name of sponsor**:					
Address of Sponsor: _					
	No & Street	To	wn	State	Zip

Give the title and a brief description of the subject matter to be covered in the Special Seminar or program, or course of study: (If a program syllabus is available, please provide as part of this application along with any certificates received)

Title of Training Course:			
Brief description if syllabus or outl	line not provided:		
Datas and times of Couting in a Ed	antina Taninina.		
Jates and times of Continuing Ea	ucation Training:		
Cumulative number of hours cove	red by the Training:		
(Cumulative number of hours)	(Lunch\Dinner Break, if applicable)	(Other Breaks, if applicable)	
Part Three:			
Affidavit: I do solemnly swear tha	it the answers given by me on this applicatio	n and the	
-	chments are the truth and are complete to t	the best of my	
knowledge.			
Signature of Applicant		Date	
* Approved by the Building Officia	l Certification Committee under procedures e	established for such purpose.	
** The organization offering the Sμ	pecial Seminar or program, or course of study	y.	
Date / Vote of Committee:	Course Numbe	er/Contact Hours/Category	
bute, vote of committee.	coarse realinate	T/ Contact Flours/Galegory	