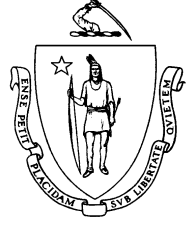


Commonwealth of Massachusetts
Division of Occupational Licensure
Office of Public Safety and Inspections
Board of Building Regulations and Standards

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



The Building Official Certification Committee's
Training Discrepancy Form
Attachment C

Please print clearly or type requested information.

Last	First	BO ID
Mailing		Email
City/Town	State	Zip
()		
Telephone	Municipality	

Please indicate in the area below, any approved training which you feel was omitted from your report. Please provide date, name of association, district number or BBRS course name and number of contact hours assigned to course. We will research our records and correct your training report if credit was not given due to an oversight in the data entry process. You will be contacted if additional information is required to correct your training report.

In order to expedite the correction, please provide proof of attendance (certificate, sign in sheet, etc.) you may have received for previously approved course(s) entered below.

Please Print or Type Clearly:

Course Name/Association Name	Date of Seminar/Training

Boston, MA 02110-2012