

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

Last First BO ID

Mailing Email

City/Tow 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:

Please print clearly or type requested information.

Course Name/Association Name	Date of Seminar/Training

Course Name/Association Name	Date of Seminar/Training

The information filled in above must have been previously approved. Please refer to the "Building Official Certification Committee's Policy for Maintenance of Certification Status" for the procedure to *apply* for credit for a course of instruction.

Please email or mail this form and any attachments to:

BOCC-MA@mass.gov Office of Public Safety Attn: BOCC 1 Federal Street, Suite 0600