

BUILDING OFFICIAL CERTIFICATION COMMITTEE'S - ATTACHMENT C
Building Code Enforcement Official - Training Report Discrepancy Form

Please print clearly or type requested information.

_____ Last Name	_____ First Name	_____ BO ID Number
_____ Mailing Address		_____ Email
_____ City/Town	_____ State	_____ Zip Code
(_____)_____ 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 / NAME OF ASSOCIATION

DATE OF SEMINAR / TRAINING

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.

Email this form and supporting documentation to: Kimberly.spencer@mass.gov or mail to:
Office of Public Safety, Attn: Kimberly Spencer, 1000 Washington Street – Suite 710, Boston, MA 02118