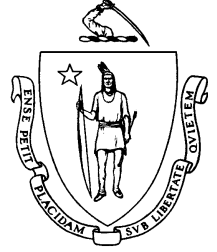


Commonwealth of Massachusetts
Division of Occupational Licensure
Office of Public Safety and Inspections
Board of Building Regulations and Standards

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



Extension of Time Request

In accordance with 780 CMR R7, the “Rules and Regulations for the Certification of Inspectors of Buildings, Building Commissioners and Local Inspectors”, a conditional employee may petition the *Building Official Certification Committee* in writing for an extension of time to comply with the examination schedule of 780 CMR R7. Upon establishment of cause, the *Building Official Certification Committee* may grant such extensions of time as it may consider appropriate. **Conditional appointees who have not attempted the examination schedule as herein defined during the prescribed period shall not be granted an extension, and no conditional appointee shall be afforded more than three extensions of time beyond the prescribed period for the level of certification sought.**

R7.1.7.4.1: Any conditional appointee unable to comply with the examination schedule as cited in 780 CMR R7.1.7.4 may, for cause, be granted an extension of time in order to comply, upon written petition to the *Building Official Certification Committee*. Petitions shall be forwarded to the clerk of said committee and addressed to the office of the BBRS or emailed to BOCC-MA@mass.gov. The conditional appointee shall state all reasons to substantiate the request for an extension of time.

Mail Application to: *Division of Occupational Licensure · Attn: BOCC · 1 Federal Street – Suite 0600 · Boston, MA 02110-2012* or **e-mail:** BOCC-MA@mass.gov

1st Extension Request

2nd Extension Request

3rd Extension Request

Full Name**:

 Last First M.I.

Municipality: _____ Current Position: _____

Date of Appointment: _____

Work Address: _____
 Street Address

City State ZIP Code

Work Phone: _____ Email Address: _____



Attached copies of any and all (passed and failed) exams you have taken are required. First Time Extension Request please provide proof of applying for exam result within the first six months of appointment. For subsequent Time Extension Requests, attach copies of Time Extension Request Approval Letters.

Reason for request: (Attach any pertinent information, i.e. medical documentation)

FOR OFFICE USE ONLY:
Exam scheduled or taken within the first six months of appointment? _____

Vote of the Committee:
Date Extension Approved: _____ Extension Granted Through: _____

Date Extension Denied and Reason: _____