



Commonwealth of Massachusetts
Division of Occupational Licensure
Office of Public Safety & Inspections
1 Federal Street - Suite 0600 - Boston - MA 02110-2012

**Application for Certificate of Competency as a CERTIFIED
AMUSEMENT MAINTENANCE MECHANIC**

This application is to be filed by an applicant seeking approval to sit for a certified maintenance mechanic (CMM) examination, in accordance with 520 CMR 5.00, or seeking certification in lieu of examination based on national certification.

Please complete the application fully, in ink. Mail the completed application and attachments, along with a non-refundable processing fee of \$100.00 made payable to the Commonwealth of Massachusetts (Bank check or money order only), to:

Office of Public Safety & Inspections (OPSI)
Attention: Licensing Division
1 Federal Street, Suite 0600, Boston MA 02110-2012

SPECIAL ACCOMMODATIONS

☐ **Check (✓) box if applicable.** I am requesting examination accommodations due to a disability that substantially limits my ability to perform a major life activity. You must submit an *Accommodation Request Form* along with the required documentation as part of this application in order for this request to be considered

Please check (✓) appropriate license exam category.

- ☐ **Unlimited** ☐ **Inflatables Only** ☐ **Carousel Only**
☐ **Mobile Rock Walls Only** ☐ **Challenge Course\Permanent Rock Walls Only**

1. Full Name: _____ Social Security Number _____ - _____ - _____
(Required)
2. Home Address: _____
(Street) (City) (State) (Zip Code)
3. Mailing Address: _____
(If Different) (P.O. Box or Street) (City) (State) (Zip Code)
4. Date of Birth: _____ Home Phone No: _____ Email Address: _____
5. Name & Address of Employer: _____
(Street) (City) (State) (Zip Code)
6. Employer's Phone Number: _____ Employer's Fax Number: _____
7. State Full Title of Occupation: _____
8. Have you examined for a Massachusetts Certificate of Competency before? ☐ **Yes**, when? _____ ☐ **No**

Pursuant to Massachusetts General Laws, Chapter 22 and 520 CMR 1.00, I certify under the penalties of perjury that to my best knowledge and belief I have paid any and all outstanding civil fines owed to the Office which are required under Law.

Signature of Applicant: _____ Date: _____

AUTHORIZATION FOR RELEASE OF RMV PHOTOGRAPH INFORMATION
(Massachusetts Residents Only)

My signature below authorizes the Office of Public Safety & Inspections (OPSI) to electronically access my photograph from the Massachusetts Registry of Motor Vehicles (RMV) database solely for use on this license.

Massachusetts RMV photo release signature

**Application for Certificate of Competency as a
CERTIFIED AMUSEMENT MAINTENANCE MECHANIC WORK EXPERIENCE**

1. Name and Address of Employer:

State full title of occupation:

List Duties:

Date of Hire: _____

Date of Termination: _____

Reason(s) for leaving:

2. Name and Address of Employer:

State full title of occupation:

List Duties:

Date of Hire: _____

Date of Termination: _____

Reason(s) for leaving:

I attended amusement safety seminars:

(Name of School \ Seminar)

(Date and Location Attended)

I attended amusement safety seminars:

(Name of School \ Seminar)

(Date and Location Attended)

I am also skilled in: _____

License or degree held: _____

REQUEST FOR EXAMINATION WAIVER

☐ Check (✓) box if applicable. I am requesting approval as a Certified Maintenance Mechanic (CMM), absent examination, based on my experience as herein noted and that I possess a current, valid national CMM certificate as referenced below (check ✓ one).

☐ National Association of Amusement
Ride Safety Officials (NAARSO)

Certification Number: _____

Expiration: _____

☐ Amusement Industry Manufacturers &
Suppliers, International (AIMS)

Certification Number: _____

Expiration: _____

EXAMINATIONS TAKE PLACE THE LAST WEEK OF EVERY MONTH.

For example, if your application is processed in January, you will be scheduled to sit for an examination in February.

All of the following items must be submitted with this application in order for your application to be processed properly. Failure to submit all required information and proper fee will result in unnecessary delays.

- Completed application with proper home mailing address and social security number.
- 2" x 2" photo or a legible copy of a valid driver's license
(unless authorization for release of your RMV photograph is provided; see below).
- Non-refundable application processing fee (\$100.00).
Please note that applicants must be at least 18 years of age.