



Commonwealth of Massachusetts

Construction Supervisors License Continuing Education

Coordinator Registration Application

Mail To: Office of Public Safety · CSL Continuing Education · 1 Federal Street – Suite 0600 · Boston MA · 02110-2012

R5.4.8 Course coordinator. Each course of study shall have at least one coordinator, which is a person who is registered with the BBRS, who is responsible for supervising the program and ensuring compliance with all relevant law. Each Coordinator shall oversee no more than twelve (12) courses of study.

COORDINATOR INFORMATION:

Office Use Only ~ Coordinator ID#: CS-CD-

Name and Title: _____

Email Address: _____

Phone Number: _____

Name of Organization: _____

Organization Website : _____

Address: _____

City: _____

State: _____

Zip: _____

APPLICATION FEE and ATTACHMENTS:

New Coordinator Registration fee \$400*

(make checks payable to Commonwealth of Massachusetts)

Copy of Certificate of Completion

*Please do not include course fee on the same check as the registration fee.

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Required verbiage on Course Completion Certificate shall include, but not limited to:

Attendees Name and CSL Number

BBRS/CSL Continuing Education Course approval number along with the name of the course submitted to this office

Code Review ___ hrs

Energy ___ hrs

Work Place Safety ___ hrs

Lead Safety ___ hrs

Business Practices/Workers Comp ___ hrs

Elective ___ hrs

Coordinator name and Coordinator number

Course Completion Date

Coordinator Responsibilities:

- I understand a coordinator is responsible for ensuring compliance with all laws and rules relating to continuing educational offerings governed by the BBRS including inheritance to paragraph 13 facilities, ensuring instructors are qualified, including signing and issuing course completion certificates, maintaining student attendance records, being available to instructors and students throughout course offerings, etc.
- I certify I will notify the Board of Building Regulations and Standards in writing within 10 days of any change in the information in an application for approval on file with BBRS
- I certify all of the information submitted in this application is true and complete and that this document has not been changed in any manner from the form adopted by the Office of Public Safety and Inspections.

I do solemnly swear that the answers given by me on this application including all attachments are true and complete to the best of my knowledge under the penalties of perjury.

SIGNATURE OF COORDINATOR APPLICANT(mandatory)

DATE

Office Use Only

Coordinator ID Number:

Denied _____ Approved _____ By: _____

Date: _____

Transaction Number:

Check Number:

Expiration Date: