

Division of Professional Licensure Office of Public Safety and Inspections

1000 Washington Street, Suite 710
Boston, Massachusetts 02118

Application for *Certificate of Competency to be a Horse Drawn Carriage Driver* as provided by Massachusetts General Law (MGL) Chapter 22, § 20. Application must be completed in ink and accompanied by a non-refundable \$50.00 processing fee, in the form of a check or money order, made payable to the *Commonwealth of Massachusetts*.

(Check box if applicable.)

I am requesting examination accommodations due to a disability that substantially limits my ability to perform major life activity. An *Accommodation Request Form* must be submitted, along with the required documentation, as part of this application in order for this request to be considered. Forms are available @ <https://www.mass.gov/files/documents/2018/09/13/Engineering%20accommodations-request-form-aug2018.pdf>.

I, the undersigned, hereby make application for a Certificate of Competency to be a Horse Drawn Carriage Driver.

Name: _____
(Please type or print)

Mailing Address: _____
(Street) (City) (State) (Zip)

Date of Birth: _____ Social Security No. _____

Email Address: _____ Telephone No. _____

Name of Employer: _____

Address of Employer: _____
(Street) (City) (State) (Zip)

Have you ever been examined for a Certificate of Competency to be a Horse Drawn Carriage Driver?

YES NO If yes, please provide state, month & year. _____

Massachusetts residents only. Authorization for release of *RMV Photo Information*.

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

Signature: _____

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

Signature of Applicant: _____ Date: _____

My history of operating Horse Drawn Carriages is as follows.

Name of Employer	Location of Employer	Length of Service			
		Years		Months	
		Years		Months	
		Years		Months	
		Years		Months	
		Years		Months	

Endorsee: It is mandatory that this application is endorsed by a person holding a Certificate of Competency to be a Drawn Carriage Driver.

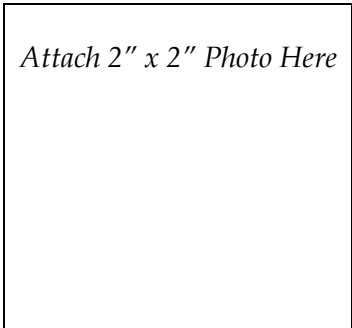
I hereby certify that _____ is well known to me and that, to the best of my knowledge, he/she has the necessary operating time required by law and that he/she is a person of good character and ability.

Name: _____
(Print Name Clearly) _____
(Current Certification of Competency No.)

You will be notified of your exam date by mail **approximately 2 weeks before an exam.** Exams take place the last week of every month. For example, if your application is processed in January, you will sit for an exam in February. You may also visit the *Engineering Exam Schedule* portion of the OPSI @ www.mass.gov/dpl/opsi for additional exam information.

Prerequisites: All of the following items must be submitted with the application in order to be processed properly. Failure to submit all required information and appropriate fee will result in unnecessary delays.

- Completed application with accurate home mailing address and social security number.
- 2" x 2" photo, unless use of RMV Photo is authorized.
- Legible copy of a valid motor vehicle license or CDL.
- CORI Request Form.
- Non-refundable application processing fee of \$50.00



Note: The license or certificate of competency of an endorsee who willfully presents false or inaccurate shall be subject to revocation. An OPSI inspector will only endorse an application when administering the oath to an examinee.

Please mail completed application packages to:
Division of Professional Licensure
 Office of Public Safety & Inspections
 1000 Washington Street - Suite 710
 Boston, MA 02118
 Attention Horse Drawn Carriage

Incomplete applications will not be processed until all missing documentation is submitted.