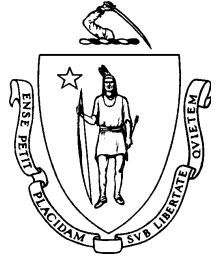


Commonwealth of Massachusetts
Division of Occupational Licensure
Office of Public Safety and Inspections
Board of Building Regulations and Standards

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



New Employee Report Form

In accordance with 780 CMR R7, the "Rules and Regulations for the Certification of Inspectors of Buildings, Building Commissioners and Local Inspectors", all municipalities are required to report to the Board the name of any individual who is appointed as a building code enforcement official. Once reported, a file is created at the Office of the Board with the individual's name and date of hire. This file serves as the individual's official record for the maintenance of his/her certification, once received. It is the responsibility of the individual seeking certification and the hiring municipality to ensure that all aspects of the certification process are met. 780 CMR R7 defines all requirements of the certification program. *Building Commissioner and Inspector of Buildings shall first be certified as a Local Inspector prior to being appointed by a municipality.*

Mail Application to: Division of Occupational Licensure · Attn: BOCC · One Federal Street – Suite 600 · Boston, MA 02110 or
e-mail: BOCC-MA@mass.gov

Name of new employee:		Cell Number for Building Commissioner:	
Name of municipality:		Date of appointment for the current position:	
Work Address: No. & Street:			
City or Town:		Zip:	Business Phone Number:
Work E Mail:		Personal email:	
CSL# or SS#:		BO#:	
Position – Please check only one: <input type="checkbox"/> Building Commissioner \ Inspector of Buildings* <input type="checkbox"/> Local Inspector <input type="checkbox"/> Alternate Building Commissioner\Inspector of Buildings* <i>*Must have Local Certification, at the minimum (780 CMR R7.1.7.4)</i>			
Is the new employee certified as a building official in which the appointment is for?	Yes No	If no, has employee been approved for examination?	Yes No
Municipalities new employee is also currently employed with:			

AUTHORIZATION FOR RELEASE OF RMV PHOTO INFORMATION (MASSACHUSETTS RESIDENTS ONLY)*

My signature below authorizes the Office of Public Safety and Inspections to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database solely for use on this license/registration.

Signature of applicant: _____ Date: _____

*Individuals who do not hold a Massachusetts driver's license or do not authorize the Office of Public Safety and Inspections to electronically access their photograph from the RMV, please submit a color Passport Photo 2 x 2 inches in size taken within the past 6 months showing current appearance.



APPOINTING AUTHORITY

The Board of Building Regulations and Standards recognizes the appointing authority as the Mayor in a city and the Chairman of the Board of Selectmen in a town (per M.G.L. c. 143 § 3).

I _____ the Appointing Authority,
Name (please print) Title **

hereby confirm that I have read and understand the minimum requirements of M.G.L. c. 143 § 3 regarding qualifications for building code enforcement officials. In signing this form, I attest to the fact that the candidate herein identified meets/exceeds such qualifications for the position for which he/she is being appointed.

Signature of Appointing Authority _____ Date _____

Email Address of Appointing Authority _____

**** If the appointing authority is not the Mayor or Chairman a copy of the vote of appointment and the city or town bylaws, charter or ordinance showing that the appointing authority is the chief administrative officer who makes all appointments shall be submitted along with this form.**

VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was/were _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

Notary Public _____ Expiration of Commission _____

FOR OFFICE USE ONLY

Date Qualifications Accepted: _____

