

BUILDING OFFICIAL CERTIFICATION COMMITTEE'S - ATTACHMENT C
Building Code Enforcement Official - Training Report Discrepancy Form

Please print clearly or type requested information.

_____	_____	_____
Last Name	First Name	BO ID Number
_____	_____	_____
Mailing Address	Email	
_____	_____	
City/Town	State	Zip Code
_____	_____	_____
(____) _____	_____	
Telephone	Municipality	

Please indicate in the area below, any approved training which you feel was omitted from your report. **Please provide date, name of association, district number or BBRS course name and number of contact hours assigned to course.** We will research our records and correct your training report if credit was not given due to an oversight in the data entry process. You will be contacted if additional information is required to correct your training report.

In order to expedite the correction, please **provide proof of attendance** (certificate, sign in sheet, etc.) you may have received for previously approved course(s) entered below.

Please Print or Type Clearly:

<u>COURSE NAME / NAME OF ASSOCIATION</u>	<u>DATE OF SEMINAR / TRAINING</u>
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Information filled in above must have been previously approved. Please refer to the "Building Official Certification Committee's Policy for Maintenance of Certification Status" for the procedure to *apply* for credit for a course of instruction.

Please fax to 617-248-0813 or email this form and any attachments to: BOCC-MA@mass.gov or mail to: Office of Public Safety, Attn: BOCC, 1000 Washington Street – Suite 710, Boston, MA 02118