

Exam Registration Form

For Massachusetts Construction Supervisor License



Are You Retaking An Exam? No Yes (If yes, complete items 1 and 2 only and submit with payment.)

If you have previously passed the exam, list the reason why you are retaking it:

1. Candidate Information:

Last Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY) / /	
Mailing Address (including Apt. number or P.O. Box, if applicable)		City	State	Zip Code
Social Security Number - -	Email Address ^a		Daytime Phone Number - -	

OPTIONAL: If English is *not* your primary language **AND** your ability to read, write, speak, or understand English is limited, please indicate what your primary language is:

2. License Exam for which are you applying: If you do not check a box, this form will be returned to you as incomplete. If needed, see the License Categories descriptions on Page 2.

<input type="checkbox"/> Unrestricted CSL	<input type="checkbox"/> Restricted CSL	<input type="checkbox"/> Masonry	<input type="checkbox"/> Roof Covering
<input type="checkbox"/> Windows Doors Siding	<input type="checkbox"/> Solid Fuel-Burning Appliance	<input type="checkbox"/> Demolition	<input type="checkbox"/> Insulation

3. Education (if applicable as proof of 1 or 2 years work experience^b):

Vocational School, College, or University Name	Dates: (Month/Year) From ___ / ___ To ___ / ___
Vocational, College, or University Street Address	City State Zip Code
Course of study	Degree Type

4. Work Experience:

I have had at least three years of building construction or design experience in the field in which I wish to be licensed. Yes No

Proof of experience Option A: (choose *either* Option A or B; but *not both*) Enter below the name and address of the employer and/or military branch from whom you received three years of construction experience. If you worked for multiple employers, please copy this sheet as needed and submit all sheets with your registration form. Provide copies of W-2 from the employer and/or copies of military discharge documents. If self-employed then submit either IRS Schedule C or 1099 forms. Copies must be on 8-1/2 x 11 paper, neatly attached to this form. If you do not possess your tax forms you may request copies from the Internal Revenue Service at www.irs.gov.

Name of Employer and/or Military Branch	Dates (Month/Year) From ___ / ___ To ___ / ___		
Employer and/or Military Branch Address	City	State	Zip Code

Proof of experience Option B: If tax records of employment are not available then you may submit a NOTARIZED letter of attestation in verification of work experience. The letter is to be written and signed by an individual who attests that you have at least three years of construction and/or design experience. The individual may be an architect, engineer, licensed construction supervisor, MA certified building official, military supervisor, or other individual so qualified. Enter below the contact information for the individual who attests to your experience.

Name:	Title (Engineer, Architect, etc.):	Phone Number:
Address (Street, City, State, and Zip code):		Email address:

List of Duties Required for Option A or B: List up to three of the hands-on duties related to building construction or design that you have performed predominantly. (Example: 1. Wood construction: floors, walls, roofs, structural sheathing for small commercial and residential buildings. 2. Exterior siding installation: vinyl, clapboard, and shakes. 3. Window and door installation: Flashing and interior and exterior trim.)

1.	
2.	
3.	

Notes:

- a. If an email address is not provided I certify, under pains and penalties of perjury, that I am unable to be notified via electronic message.
- b. If education is used as work experience include a copy of diploma or degree from the educational institution. See page 3 for more information.

Payment: The examination fee is \$100, and may be paid by cashier's check, company check, money order, MasterCard, Visa or American Express. Make checks payable to Prometric. **Personal checks and cash are not accepted. Registration fees are not refundable.**

If paying the fee by credit card, please complete the information below.

Card Type (Check One) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AM EXP	Card Number	Expiration Date
Name of Cardholder (Print)		Signature of Cardholder

Signature and Notary (required)

STATE OF _____ COUNTY OF _____ Sworn to and subscribed before me this _____ day of _____, 20____. Notary Public: _____ <p style="text-align: center;">(NOTARY SEAL)</p>		Read the following statements carefully and sign this application in the presence of a Notary: 1) I have read and understand the contents of this bulletin. 2) I solemnly swear that the information provided on this application is true and complete to the best of my knowledge. I authorize Prometric or the Commonwealth of Massachusetts to verify this information to determine if I am qualified to take the examination. I understand that presenting false information will cause the forfeiture of all exam and license fees and shall be cause for revocation of license (if issued). 3) Tax Statement: Pursuant to the Massachusetts general laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that to my best knowledge and belief, I have filed all state tax returns and paid all state taxes required under law.
Printed name	Date Signed	Applicant Signature

Items of note:

1. It is recommended that you make a copy of this form and attachments for your records.
2. This registration form will be returned if incomplete, unsigned, not notarized, does not include tax forms or a letter of attestation, or if payment is not included.
3. Approximately 10 days after mailing the Registration Form and fee, you must call 800.813.6671 to schedule your examination appointment.
4. Your examination registration remains valid for 90 calendar days after it has been processed and will expire without further notice at that time. If you allow your examination registration to expire, you must re-register and pay another \$100 exam fee.
5. Your initial application will be kept on file for two years. If you are not able to pass your exam within the two-year window, you must submit a new application with updated copies of all of the required documentation.

Complete both pages of this form and mail with the appropriate exam fees to:

Prometric
 ATTN: MA Construction Supervisor Program
 7941 Corporate Drive
 Nottingham, MD 21236