Exam Registration Form

PROMETRIC

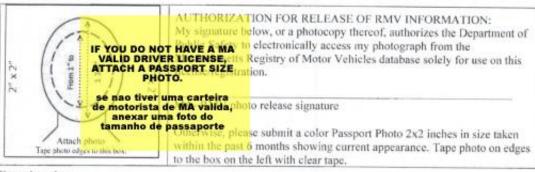
For Massachusetts	Construction	Supervisor Li	icense	t nome three
Are You Retaking An Exam?	No 🗆 Yes (If yes,	complete items 1 and 2	only and submit with pa	yment.)
If you have previously passed the				
1. Candidate Information				
ORENG	SERGIO	Middle	Name Date	of Birth (MM/DD/YYYY)
Mailing Address (including Apt. n 422 Lligh S Social Security Number Eme	umber or P.O. Box, of applic # 428	(lodfon	a u	State ORISS
OCIAL NUMBERATIN' 5	686000001	160 Val (1001 (011	6/2-720 (30)
'ITIN NUMBER, MAKE S confirmar se eles vao ma	URE IF THEY ACCE	PT BEFORE TAKE		te what your primary language is:
1 UNIVOUESE				
License Exam for which If needed, see the License Ca	i are you applying: If y tegories descriptions on Pa	you do not check a box, ge 2.	this form will be returned	to you as incomplete.
The second secon	Restricted CSL	☐ Ma	sonry	☐ Roof Covering
☐ Windows Doors Siding	☐ Solid Fuel-Bu	urning Appliance	☐ Demolition	☐ Insulation
3. Education (if applicable	as aroof of 1 or 3 ve	and would account to	-ba	
3. Education (if applicable as proof of 1 or 2 years work experience): Vocational School, College, or University Name Dates: (Month/Year)				
Vocational, College, or University	Street Address	City		/ To / State Zip Code
Course of study			Degree Type	
4. West Essential				
 Work Experience: I have had at least three years of 	huilding engetourting as da	tion overstance to the fi	eld in the late of the late of	- V
Proof of experience Option A: military branch from whom you re street as needed and submit all sh discharge documents. If self-empl attached to this form. If you do no	choose either Option A or ceived three years of const eets with your registration oyed then submit either IR: it possess your tax forms y	B; but not both) Enter ruction experience. If yo form. Provide copies of 5 Schedule C or 1999 for	below the name and addr ou worked for multiple em W-2 from the employer a	ess of the employer and/or ployers, please copy this nd/or copies of military
TARIAS LIONE IN	Pronement		Dates (Month/Ye	DTO NOW
53 CONVERSE DV.	ddress	Morder	State A	710 Code 02.1118
THIS INFOR informações sobre seu	ON ABOUT YOUR EN MATION HAVE TO N patrao ou sobre sua va de trabalho que d	ATCH WITH THE empresa, essas	PROOF OF WORK I	ETTER ue ser a mesma da
Bildazio Faria Address (Street, City, State, and 2 55 CONVERSE AV.	5 0	cle (Engineer, Architect,	Email address:	719-5468
List of Duties <u>Required for Opti</u> have performed predominantly, (Exesidential buildings, 2. Exterior si and exterior trim.)	rample: 1. Wood construct	on: floors: walls, roofe	structural chartelon for or	uction or design that you
Window.	and doo	n Just WH	AT YOU DO IN YOU	R WORKPLACE
Hospina	and int	liste 3 ativ	idades que voce fa	z no seu trabalho

Exam Registration Form (continued)

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. To pay by credit card, please complete the information on the last page.

Signature and Notary (required) STATE OF Read the following statements carefully and sign this COUNTY OF application in the presence of a Notary: 1) I have read and understand the contents of this Sworn to and subscribed before me this day bulletin. 2) I solemnly swear that the information provided on this application is true and complete to the best of my Notary Public knowledge. I authorize Prometric or the State of Massachusetts to verify this information to determine if I YOU HAVE TO SIGN IN FRONT OF A NOTARY am qualified to take the examination. I understand that voce somente podera assinar na frente de um presenting false information will cause the forfeiture of all exam and license fees and shall be cause for revocation of "NOTARIE" 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.



Applicant Signature

Items to note:

Printed name

1. It is recommended that you make a copy of this form and attachments for your records.

Date Signed

- This registration form will be returned if incomplete, unsigned, not notarized, does not include required letter of attestation or W2 Forms, or if payment is not included.
- Approximately 10 days after mailing the Registration Form and fee, you must call 800.813.6671 to schedule your examination appointment.
- 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.

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

Application Payment by Credit Card

PROMETRIC .

Print or type clearly and neatly. Incomplete or illegible forms will not be processed.

Card Type (Check One)

MasterCard Visa

Card Number

YOUR CREDIT CARD OR DEBIT CARD INFORMATION

Expiration Date

suas informacoes para debito do cartao

1.9.



TODAY DATE

TO WHOM IT MAY CONCERN

I hereby certify that the person named set nomes was employed by our company, Farias Home Improvement, during the period starting from 2012 to 2017

He started in our company at the position of a laborer, but with his/her excellent performance and good abilities, he quickly got officially employed as a full time employee as project Assistant Manager working at least 40 hours per week.

For 4 years of working for us, he demonstrated as a diligent and truthful person. His leadership skills were outstanding and very helpful and highly appraised by our staff. By the time he was leaving, he had been nominated to the position of Manager.

Anyway, all of us wish his the best in his career path and future and would like to thank him for his excellent contribution.

Yours faithfully,

YOUR BOSS SIGNATURE assinatura do seu chefe

SIGN IN FRONT OF NOTARIE assinar na frente do notarie

OWNER NAME, BUSINESS NAME AND ADRESESS