

# Exam Registration Form For Massachusetts Construction Supervisor License

PROMETRIC

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 <b>ORENG</b>	First Name <b>SERGIO</b>	Middle Name	Date of Birth (MM/DD/YYYY) <b>01/15/1972</b>
Mailing Address (including Apt. number or P.O. Box, if applicable) <b>422 High St #28</b>		City <b>Malden</b>	State <b>MA</b>
Social Security Number <b>SERGIO ORENG</b>		Email Address <b>ORENG@HOTMAIL.COM</b>	Zip Code <b>02155</b>
Social Security Number		Daytime Phone Number <b>617-733-6786</b>	Indicate what your primary language is: <b>Portuguese</b>

**\*ITIN NUMBER, MAKE SURE IF THEY ACCEPT BEFORE TAKE THE CLASS  
confirmar se eles vao marcar sua prova antes de participar do treinamento**

**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.

Unrestricted CSL  Restricted CSL  Masonry  Roof Covering

Windows Doors Siding  Solid Fuel-Burning Appliance  Demolition  Insulation

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

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 <b>FARIAS HOME IMPROVEMENT</b>	Dates (Month/Year) From <b>5/2012</b> To <b>now</b>
Employer and/or Military Branch Address <b>55 Converse Av.</b>	City <b>Malden</b>
	State <b>MA</b>
	Zip Code <b>02148</b>

**INFORMATION ABOUT YOUR EMPLOYER OU ABOUT YOUR OWN BUSINESS. THIS INFORMATION HAVE TO MATCH WITH THE PROOF OF WORK LETTER**  
**Informacoes sobre seu patroa ou sobre sua empresa, essas informacoes tem que ser a mesma da carta de prova de trabalho que devera ser enviada junto com essa aplicacao**

Name <b>Gildazio Farias</b>	Title (Engineer, Architect, etc.) <b>Construction Owner</b>	Phone Number <b>(617) 719-5468</b>
Address (Street, City, State, and Zip code): <b>55 Converse Av. Malden MA 02148</b>		Email address: <b>Gildazio.Farias@HotMail.com</b>

**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.	<b>Window and door installation</b>	<b>LIST WHAT YOU DO IN YOUR WORKPLACE</b> <b>liste 3 atividades que voce faz no seu trabalho</b>
2.	<b>Flashing and interior and exterior trim</b>	
3.		

**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 _____ COUNTY OF _____  Sworn to and subscribed before me this _____ day of _____, 20____.  Notary Public: _____		<p><b>Read the following statements carefully and sign this application in the presence of a Notary:</b></p> 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 State 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) <b>Tax Statement:</b> 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.
<p align="center"><b>YOU HAVE TO SIGN IN FRONT OF A NOTARY voce somente podera assinar na frente de um "NOTARIE"</b></p>		
Printed name	Date Signed	Applicant Signature

<p>2" x 2" From 1" to 1 1/2" Attach photo Tape photo edges to this box.</p>	<p><b>AUTHORIZATION FOR RELEASE OF RMV INFORMATION:</b>                  My signature below, or a photocopy thereof, authorizes the Department of Transportation to electronically access my photograph from the Registry of Motor Vehicles database solely for use on this exam registration.</p> <p><b>IF YOU DO NOT HAVE A MA VALID DRIVER LICENSE, ATTACH A PASSPORT SIZE PHOTO.</b>                  se nao tiver uma carteira de motorista de MA valida, anexar uma foto do tamanho de passaporte</p> <p>photo release signature _____</p> <p>Otherwise, please submit a color Passport Photo 2x2 inches in size taken within the past 6 months showing current appearance. Tape photo on edges to the box on the left with clear tape.</p>
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**Items to 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 required letter of attestation or W2 Forms, 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.

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**



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

Card Type (Check One)

MasterCard  Visa

Card Number	Expiration Date
<b>YOUR CREDIT CARD OR DEBIT CARD INFORMATION</b>	
<b>suas informacoes para debito do cartao</b>	
Signature of Cardholder <i>Sergio Green</i>	





**Farias**  
**BUSINESS LOGO**  
**logo da empresa**

**TODAY DATE**  
**data do dia**

TO WHOM IT MAY CONCERN

I hereby certify that the person named **YOUR NAME** **seu nome** 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**  
**nome do dono, empresa, endereco.**