



Commonwealth of Massachusetts Board of Library Commissioners

98 North Washington Street, Suite 401 • Boston, Massachusetts 02114
(800) 952-7403 in state • (617) 725-1860 • (617) 725-0140 fax

APPLICATION FOR CERTIFICATE OF SPECIAL TRAINING IN BASIC LIBRARY TECHNIQUES

Name: Mr.
Ms.
Mrs.

last name

first name

middle name

Address: _____

Phone: _____

Name as you would like it to appear on certificate (if different than above):

last name

first name

middle name

Record of Basic Library Techniques Courses/Workshops — **Please attach copies of course/
workshop completion certificates.**

Basic Library Technique	Course/Workshop Location	Dates of Attendance
Administration		
Materials Selection		
Cataloging and Classification		
Reference		

I certify that the information given in this application is correct.

Signature of applicant _____ Date _____

Certificate number:	BLT
Date awarded:	