



THE COMMONWEALTH OF MASSACHUSETTS
 Department of Public Safety
 Board of Building Regulations and Standards
 One Ashburton Place, Room 1301
 Boston, MA 02108

**Application for Registration as a Home Improvement
 Contractor or Sub-Contractor**
 (MGL c. 142A; 780 CMR 110R6)

For DPS Use Only. Registration No: Effective Date: Expiration Date:

1. LEGAL NAME OF APPLICANT: _____
 (MUST BE EITHER AN INDIVIDUAL, CORPORATION, LLC, LLP, TRUST, OR OTHER LEGALLY FORMED ENTITY)

2. APPLICANT TYPE: ___ INDIVIDUAL ___ CORPORATION ___ LLC ___ PARTNERSHIP ___ LLP ___ TRUST
 (CHECK ONE- MUST BE SAME AS IDENTIFIED IN #1)

3. IF APPLICANT IS DOING BUSINESS UNDER ANY NAME OTHER THAN THAT LISTED IN #1 ABOVE, PLEASE IDENTIFY THE NAME (DBA): _____
 (SEE INSTRUCTIONS REGARDING THE ENCLOSURE OF A CITY OR TOWN REGISTRATION CERTIFICATE IF DBA IS LISTED)

4. MAILING ADDRESS: _____
 STREET CITY STATE ZIP

5. PERMANENT ADDRESS: _____
 (IF DIFFERENT FROM #4) STREET CITY STATE ZIP
 (PLEASE NOTE THAT A P.O. BOX IS NOT ACCEPTABLE FOR PERMANENT ADDRESS)

6. APPLICANT PHONE #: _____ APPLICANT EMAIL ADDRESS: _____

7. FEDERAL TAX I.D. OF APPLICANT LISTED IN #1 ABOVE: _____

8. NUMBER OF EMPLOYEES: _____

9. A) HAVE YOU REGISTERED PREVIOUSLY UNDER THIS LAW? ___ YES ___ NO

B) IF YES, PLEASE PROVIDE THE NAME AND REGISTRATION NUMBER UNDER WHICH YOU WERE PREVIOUSLY REGISTERED:

NAME: _____ HIC REGISTRATION #: _____

10. A) ARE YOU CURRENTLY OR HAVE YOU EVER BEEN AN OFFICER, PARTNER, OR CO-VENTURER OF AN APPLICANT WHO PREVIOUSLY APPLIED FOR OR HELD A REGISTRATION UNDER THIS LAW (G.L. c. 142A)? ___ YES ___ NO

B) IF YES, PLEASE PROVIDE THE NAME OF THE APPLICANT AND NAME OF THE BUSINESS (IF DIFFERENT) AND REGISTRATION NUMBER:

NAME: _____ HIC REGISTRATION #: _____

11. A) ARE YOU CURRENTLY OR HAVE YOU PREVIOUSLY BEEN EMPLOYED BY A REGISTRANT OR APPLICANT FOR REGISTRATION AGAINST WHICH DISCIPLINARY ACTION WAS TAKEN BY THIS DEPARTMENT?
 ___ YES ___ NO

B) IF YES, PLEASE PROVIDE THE NAME OF THE INDIVIDUAL AND BUSINESS (IF DIFFERENT) AND REGISTRATION NUMBER:

NAME: _____ HIC REGISTRATION #: _____

12. A) HAVE THERE EVER BEEN ANY COURT JUDGEMENTS OR ARBITRATION AWARDS ISSUED AGAINST YOU?
___ YES ___ NO

B) DO YOU OWE MONEY TO THE GUARANTY FUND?
___ YES ___ NO

C) IF YES TO EITHER, PLEASE IDENTIFY BY DATE, CASE NUMBER, OR DOCKET NUMBER:

13. PLEASE PROVIDE THE NAME, SOCIAL SECURITY # AND TITLE OF THE INDIVIDUAL IN THE CURRENT BUSINESS THAT IS RESPONSIBLE FOR THE OVERSIGHT OF HOME IMPROVEMENT CONTRACTS:

LAST FIRST SOCIAL SECURITY # TITLE

14. A) DOES THE APPLICANT OR RESPONSIBLE INDIVIDUAL HOLD ANY OTHER CONSTRUCTION-RELATED STATE, CITY OR TOWN LICENSES OR REGISTRATIONS? ___ YES ___ NO

B) IF YES, PLEASE FILL IN INFORMATION BELOW. ATTACH ADDITIONAL SHEETS IF NECESSARY.

LICENSE TYPE	ISSUED BY	LICENSE/REG. #	EXP. DATE	LICENSEE NAME

15. LIST ALL PARTNERS, TRUSTEES, OFFICERS, DIRECTORS, AND MAJOR OWNERS (10% OR GREATER OF OWNERSHIP) OF AN APPLICANT PARTNERSHIP OR CORPORATION, BELOW. USE ADDITIONAL PAPER IF NECESSARY AND INCLUDE NEEDED PAPERWORK (SEE INSTRUCTIONS). PLEASE INDICATE BY AN "X" IN THE LAST COLUMN THOSE INDIVIDUALS WHO REQUIRE AN APPLICATION FOR ADDITIONAL REGISTRATION I.D. CARDS. USE ADDITIONAL SHEETS IF NECESSARY.

FULL NAME	TITLE	% OWNER	ADDRESS	

16. IS THE APPLICANT CLAIMING AN EXEMPTION FROM THE REGISTRATION FEE AS A CSL HOLDER?
___ YES ___ NO

17. REGISTRATION FEE ENCLOSED: \$ _____ GUARANTY FUND FEE ENCLOSED: _____
PLEASE INCLUDE TWO (2) SEPARATE CHECKS OR MONEY ORDERS, ONE MARKED "REGISTRATION FEE" AND ONE MARKED "GUARANTY FUND." MAKE CHECKS PAYABLE TO "COMMONWEALTH OF MASSACHUSETTS."

I hereby swear, under the pains and penalties of perjury, that all information set forth on this application and submitted in support hereof is true and accurate to the best of my knowledge. Further, I certify under G.L. C. 62C, §49A, that I am in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature of Applicant

Position held in company

Date

**INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR REGISTRATION AS A HOME IMPROVEMENT
CONTRACTOR OR SUBCONTRACTOR**

Please refer to the following instructions for assistance in completing the Application for Registration as a Home Improvement Contractor or Subcontractor.

ITEM #:

1. Name: The name on the application must be the legal name under which you are operating. If you are renewing a previous registration, the name cannot be a different name than used for the previous registration. If you wish to register using a different name you must pay the initial registration fee as well as pay the required Guaranty Fund amount.
3. Applicant type: If applicant is not a corporation and the surname of the principal or one of the partners is not included in the company name or D/B/A, a copy of the fictitious name certificate filed with the city or town clerk **must be included** with your application.
7. Applicant partnerships and corporations **must** submit a Federal Tax I.D. number. Even if the applicant is applying as an individual he or she must submit a Federal Tax I.D. number if they have employees in addition to the owner.
8. The number of employees must include all construction-related employees who worked 20+ hours or more on the payroll in the weekly pay period prior to the filing of this renewal form. Businesses that are renewing a registration and have increased the number of employees since the previous registration may need to pay an additional amount into the Guaranty Fund pursuant to M.G.L. c. 142A, §11.
10. Applicants must provide the name(s) of any businesses registered pursuant to M.G.L. chapter 142A and 780 CMR R6 in which the applicant was an officer, partner, or co-venturer. Attach additional sheets as necessary.
11. Applicants must provide the name(s) of any businesses against which disciplinary action was taken by the Department of Public Safety that the applicant is currently or was once employed by. Attach additional sheets as necessary.
13. Responsible individual: If the name in Question 1 is other than an individual (i.e. a corporation, partnership, etc.) the name of the individual person responsible for ensuring the performance of home improvement contracting work of the entity must be entered here. If the person named holds a construction supervisor license and owns 10% or more of the applicant entity, the applicant entity is exempt from the registration fee.
Please enter license and ownership data in Questions 10 and 11 and claim the exemption in Question 13.
15. Corporations or partnerships listing partners, owners, etc. must include an official document listing the information in addition to including it on the application. The document may be any one of the following: pertinent sections of the Articles of Organization, a current annual report; or registration with the Secretary of State as a foreign corporation. (Information on these documents can be found on www.sec.state.ma.us.) Organizations other than corporations must submit copies of a business certificate filed in the city or town where the business is located, pursuant to M.G.L. c. 110, §5.
16. If the applicant holds a construction supervisor license ("CSL") in accordance with M.G.L. c. 143, §94(i) or is a registered motor vehicle repair shop operator and is claiming an exemption from the renewal fee, please indicate by checking yes. Include a copy of the current license or registration certificate with this application.
17. Enclose a **check or money order for the Registration Fee** (if the applicant is not exempt) and a **separate check or money order for the Guaranty Fund** as indicated below. Make checks and money orders payable to the Commonwealth of Massachusetts. **All applicants must pay the Guaranty Fund even if exempt from the Registration Fee!**

Registration Fee:

First time registrants:	\$150.00	Valid for two (2) years from date of issuance.
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Guaranty Fund: Applicants must pay the amount that corresponds with the number of employees in accordance with M.G.L. c. 142A, §11.

Zero to three (3) employees	\$100.00
Four (4) to ten (10) employees	\$200.00
Eleven (11) to thirty (30) employees	\$300.00
More than thirty (30) employees	\$500.00

Completed applications, Registration Fees, and Guaranty Fund payments should be mailed to:
BBS--Home Improvement Program
One Ashburton Place, Room 1301
Boston, MA 02108