THE COMMONWEALTH OF MASSACHUSETTS

Department of Public Safety
One Ashburton Place, Room 1301
Boston, MA 02108-1618

Place original 1 x 1 ¼" Photo here. Tape over face of photo with clear tape to secure.

APPLICATION FOR RENEWAL OF HOISTING ENGINEER LICENSE

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

OLD ADDRESS _____

LICENSE NUMBER: _____ **RESTRICTION:** _____

Licenses not renewed by the expiration date shall become void, and shall after one year be reinstated only by re-examination of the licensee.

1. Please enclose a check or money order made payable to the **Commonwealth of Massachusetts** for the required renewal fee of $60.00. **DO NOT MAIL CASH**. Write the license number on the front of the check or money order.
2. You must include a recent photograph of yourself from your shoulders up, with this renewal form. The photograph must measure 1" x 1 ¼" – please not that outdated photographs and photocopies will not be accepted. Write the license number on the back of the photograph and attach to this form.
3. You must include a copy of your current license to operate a motor vehicle.
4. You must include a copy of your current D.O.T. certificate documentation that you meet the criteria for a D.O.T. medical examination or 1998 ANSI B30.5 qualifications for operators, or similar medical documentation

Mail the completed renewal form with payment and photograph to:

Department of Public Safety
Hoisting Engineer License Renewal
1 Ashburton Place, Room 1301
Boston, MA 02108

I hereby certify under the pains and penalties of perjury that to the best of my knowledge and belief the information above is correct and that I have filed all state tax returns and paid all state taxes required by law and complied with all laws of the Commonwealth relative to the withholding and payment of child support.

_____ Signature of Applicant

_____ Date