



DEVAL L. PATRICK
GOVERNOR

GREGORY BIALECKI
SECRETARY OF HOUSING
AND ECONOMIC DEVELOPMENT

Commonwealth of Massachusetts
Division of Professional Licensure
BOARD OF REGISTRATION OF RADIO & TV TECHNICIANS
1000 Washington Street • Boston • Massachusetts • 02118

BARBARA ANTHONY
UNDERSECRETARY OF OFFICE
OF CONSUMER AFFAIRS AND
BUSINESS REGULATION

MARK R. KMETZ
DIRECTOR, DIVISION OF
PROFESSIONAL LICENSURE

VERIFICATION REQUEST

Massachusetts' Licensee: Please provide the information requested below and forward this request to the above address **along with** a check or money order in the amount of \$15.00 for each letter requested. Please make the check or money order payable to: the Commonwealth of Massachusetts.

To Be Completed By Licensee (Please Print In Ink)

I, the undersigned Licensee, was granted a license to practice as a **Radio and TV Technician**

with license number _____ on _____ in the Commonwealth of
(License #) (Date)

Massachusetts. I request that the Board of Registration of Radio and TV Technicians forward verification of my licensure to the recipient stated below:

Name: _____

Street: _____

City: _____ State _____

Zip Code: _____

Furthermore, I hereby **authorize** the Board of Registration of Radio and TV technicians to release my information, **favorable or otherwise**, directly to the above stated recipient.

Licensee's signature and date: _____

Licensee's printed or typed name: _____

Licensee's address: _____

Licensee's phone #: _____

