

- Surety with name change, with an effective date same as the effective date of the name change.
- Surety Guaranty, if the school is required by the Office of the State Auditor (OSA) to execute Guaranty for surety, a new guaranty must be executed and the original submitted to DPL. Contact the OSA for more information.
- List of branch locations, if any
- Notification of this name change has been updated with the following departments. If the notification does not apply to your school, please mark "N/A" in the space provided for the date.
 - The Office of the State Auditor was notified of this change of name on _____(date). (Their phone number is 617-727-6200.)
 - If Section 30 approved, The Department of Unemployment Assistance was notified on _____(date).
 - If Title IV approved, the United States Department of Education was notified on _____ (date). (Their phone number is 617-223-9338.)
 - If teaching a CNA program, The Department of Public Health's, Nurse Aide Registry was notified on _____ (date). (Their phone number is 617-753-8142.)
 - If teaching an LPN program, the Board of Registration for Nursing was notified on _____(date). (Their phone number is 617-973-0800.)
 - If teaching CDL courses, The Registry of Motor Vehicle's Vehicle Safety and Compliance Division was notified on _____ (date). (Their phone number is 617-351-9109.)
 - If teaching electrical courses, the Board of Registration for Electricians was notified on _____(date). (Their phone number is 617-727-9931.)
 - If teaching plumbing courses, the Board of Registration for Plumbers was notified on _____(date). (Their phone number is 617-727-9952.)

This application contains no misrepresentations or falsehoods. Misrepresentations or falsehoods shall be sufficient cause for denial or revocation of this school's license(s) to operate a private occupational school.

Signed under the penalties of perjury.

Signature*

Title

Date

School

*This document must be signed by the owner, director, or authorized agent.

To ensure timely delivery, please address all correspondence as follows:

Division of Professional Licensure
Office of Private Occupational School Education
1000 Washington Street, Suite 710
Boston, MA 02118-6100

For DPL Use Only:	
Acknowledged By: _____	Date: _____
Copy sent to: Tom Meagher, Office of the State Auditor, One Ashburton Place, Boston, MA 02108	