



**Commonwealth of Massachusetts  
Division of Professional Licensure  
Office of Private Occupational School Education  
1000 Washington Street • Boston • Massachusetts • 02118**

**REVENUE ENFORCEMENT & PROTECTION ATTESTATION (REAP)**

**MASSACHUSETTS DEPARTMENT OF REVENUE**

Pursuant to M.G.L. c. 62C § 49A, I certify under the penalties of perjury that to the best of my knowledge and belief I, and/or the entity applying for licensure, have complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

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Social Security Number or Tax Identification Number, if sole proprietor;  
**OR** Federal Identification Number, if a corporation  
(one or the other is required)

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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Signature and title of individual owner, if a sole proprietor;  
**OR** Name of corporation, if a corporation  
(one or the other is required)

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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Signature and title of corporate officer, if a corporation

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_

**A school will not be licensed unless this certification clause is completed and signed by a school official each year.**

This information will be furnished to the Massachusetts Department of Revenue to determine whether you have filed all state tax returns, paid all state taxes required under law and complied with all laws of the Commonwealth relating to taxes. Licensees who fail to correct their non-filing, delinquency status, or who are not in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support will be subject to license suspension or revocation under M.G.L. c. 62C § 49A.

