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DBA CHANGE FORM

Please complete (print) this form in ink and mail it to the above address with the following:

1. A **certified check or money order** for \$25, payable to: "Commonwealth of Massachusetts"
2. A copy of your business certificate from your city or town

Registered Contractor Name: _____ HIC Registration # _____

DBA Name: _____

Permanent Address: _____

City/Town: _____ State: _____ Zip code: _____

Mailing Address (if different): _____

City/Town: _____ State: _____ Zip code: _____

Home Phone # _____ Mobile Phone # _____

Email Address: _____

Contractor Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date Received: _____ Date Processed: _____ Processed By: _____