

MAURA HEALEY GOVERNOR

KIM DRISCOLL LIEUTENANT GOVERNOR

ASHLEY STOLBA
INTERIM SECRETARY, EXECUTIVE
OFFICE OF ECONOMIC
DEVELOPMENT

## **Commonwealth of Massachusetts Division of Occupational Licensure**

One Federal Street, Suite 600 Boston, Massachusetts 02110-2012 LAYLA R. D'EMILIA UNDERSECRETARY, CONSUMER AFFAIRS AND BUSINESS REGULATION

SARAH R. WILKINSON COMMISSIONER, DIVISION OF OCCUPATIONAL LICENSURE

## DIVISION OF OCCUPATIONAL LICENSURE ACTIVE MILITARY AFFADAVIT

l,	_, do herby certify under the pains and
penalties of perjury that I am engaged in the active service of the armed forces as	
defined in M.G.L. ch. 4, s.7, clause 43. Upon my discharge from active military duty, I	
will notify the Division of Occupational Licensure in writing of my discharge and will	
include a copy of my Report of Separation (DD Form 214).	
Attached hereto are a copy of my military orders.	
Signature:	Date:
Printed Name:	
Please provide the name of the board of registration and license type for which you are applying.	
Board of Registration:	License Type:
If you are currently licensed, please provide the following information:	
Board of Registration:	License Number:



TELEPHONE: (617) 701-8600 FAX: (617) 701-8652 TTY/TDD: (617) 701-8645 http://www.mass.gov/dpl