



**Division of Professional Licensure  
Office of Public Safety and Inspections  
1000 Washington Street Suite 710, Boston, MA 02118**

**APPLICATION FOR APPEAL FROM DECISION OF EXAMINER**

(APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY)

(APPLICATION MUST BE SUBMITTED WITHIN ONE WEEK OF DATE OF UNFAVORABLE DECISION)

**I. BACKGROUND INFORMATION**

NAME OF APPELLANT \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

ADDRESS OF APPELLANT \_\_\_\_\_  
STREET CITY STATE ZIP

DAYTIME TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

TYPE OF LICENSE \_\_\_\_\_ LICENSE # (IF APPLICABLE)  
\_\_\_\_\_

DATE OF EXAMINATION/SUSPENSION/REVOCAION \_\_\_\_\_

NAME OF INSPECTOR WHO ADMINISTERED EXAM/SUSPENDED/REVOKED LICENSE \_\_\_\_\_

**II. THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION (CHECK BOX INDICATING COMPLIANCE):**

- \$20 APPLICATION FEE (CHECKS MAY BE MADE PAYABLE TO "COMMONWEALTH OF MASSACHUSETTS").
- A COPY OF THE WRITTEN DECISION BEING APPEALED.

**III. BASIS FOR APPEAL**

YOU MUST IDENTIFY THE SPECIFIC REASON FOR YOUR APPEAL. PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY.

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\_\_\_\_\_  
\_\_\_\_\_

**IV. ATTESTATION**

*I HEREBY ATTEST, UNDER THE PAINS AND PENALTIES OF PERJURY, THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.*

\_\_\_\_\_  
SIGNATURE OF APPELLANT

\_\_\_\_\_  
DATE

**V. FILING**

PLEASE SEND COMPLETED APPLICATION TO:

OFFICE OF PUBLIC SAFETY AND INSPECTIONS,  
CHIEF OF INSPECTIONS- BUILDING & ENGINEERING

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