



**Commonwealth of Massachusetts**  
**Division of Occupational Licensure**  
**Office of Public Safety and Inspections**  
1 Federal Street, Suite 0600 • Boston • Massachusetts •  
02110-2012

**APPLICATION FOR APPEAL FROM DECISION OF EXAMINER**

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

**(Incomplete applications will not be accepted)**

Appellant Name:		License No. (if applicable):	
Address:	City/Town:	Zip Code:	
email:	Phone:		

DATE OF EXAMINATION \_\_\_\_\_

**I. THE FOLLOWING ITEM MUST ACCOMPANY THIS APPLICATION (CHECK BOX INDICATING COMPLIANCE):**

☐ \$20 APPLICATION FEE (CHECKS MAY BE MADE PAYABLE TO "COMMONWEALTH OF MASSACHUSETTS").

**II. BASIS FOR APPEAL – CHECK ONE**

- ☐ EXAMINATION ADMINISTRATION - PROBLEMS WITH PHYSICAL TEST SITE CONDITIONS, CONDUCT OF TEST CENTER PERSONNEL, OR FAILURE TO PROVIDE SPECIAL ACCOMMODATIONS REQUESTED PRIOR TO THE EXAM
- ☐ EXAMINATION CONTENT – ONE OR MORE SPECIFIC EXAMINATION ITEMS AND/OR ANSWERS ARE INACCURATE OR INCORRECT WHICH CAUSED FAILURE (DISAGREEMENTS AS TO CONTENT OF EXAMINATION ARE NOT VALID GROUNDS FOR APPEALS) – NOTE THAT APPELLANTS WILL NOT BE PERMITTED TO REVIEW THEIR UNSUCCESSFUL EXAMINATION
- ☐ OTHER – ATTACH ADDITIONAL SHEETS IF NECESSARY (NOTE THAT APPEALS MUST BE RELATED TO THIS EXAMINATION – APPEALS BASED ON PERSONAL CIRCUMSTANCES OF THE APPELLANT, SUCH AS EDUCATION, LANGUAGE, WORK EXPERIENCE, OR PREVIOUS EXAMINATION ATTEMPTS WILL **NOT** BE CONSIDERED)
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- \_\_\_\_\_
- \_\_\_\_\_

**III. 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

**IV. FILING**

PLEASE SEND COMPLETED APPLICATION TO:

Division of Occupational Licensure  
Office of Public Safety and Inspections  
1 Federal Street Suite 0600 Boston,  
MA 02110-2012

