



**THE COMMONWEALTH OF MASSACHUSETTS  
AUTO DAMAGE APPRAISER LICENSING BOARD**

One Federal Street, Suite 700  
Boston Massachusetts 02110 (617) 521-7794

**Please Print or Type**

**Application for ONLINE Motor Vehicle Damage Appraiser License**

Full Legal Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Last 4 Digits of Social Security Number \_\_\_\_-\_\_\_\_

Give full information concerning periods of employment contributing to your experience as a Motor Vehicle Damage Appraiser. Start with your present position and work back explaining exact duties. Under “**time engaged**” enter only those periods spent in appraising motor vehicle damage or doing motor vehicle body repair work

Date		Duties	Time Engaged (hrs per week)	Employer	
From	To			Name	Address

Has any motor vehicle damage appraiser license or any insurance license applied for by you ever been refused, suspended or revoked by this or any other state? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach details.

State four (4) reasons the Board may suspend or revoke a Motor Vehicle Damage Appraiser license.

A) \_\_\_\_\_

B) \_\_\_\_\_

C) \_\_\_\_\_

D) \_\_\_\_\_

I have read and I am familiar with the insurance laws of Massachusetts with regard to Motor Vehicle Damage Appraisers and the penalties imposed for violations of said laws. Yes \_\_\_\_\_ No \_\_\_\_\_

**This form is to only be used once you have applied for the license online at [www.nipr.com](http://www.nipr.com). Please upload this form, a passport photo, your schooling certificate and your work experience letter to the NIPR Attachments Warehouse.**