# 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 Name First Name Middle Name

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 From | Date To | Duties | Time Engaged (hours per week) | Employer Name | Employer Address |
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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____

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