

1. Full Legal Name

Last

## THE COMMONWEALTH OF MASSACHUSETTS AUTO DAMAGE APPRAISER LICENSING BOARD

1000 Washington St, Suite 810 Boston Massachusetts 02118-6200 (617) 521-7448 / Fax (617) 521-7734

## **Please Print or Type**

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

First

Middle

~						5. Tel. # <u>(</u>	)	
S	treet and Number	(	City or Town	State	Zip Code			
. Residence Last Five	(5) YearsStreet and Nu			City or T	Town		State	Zip Code
Mailina Address				City of			State	Zip Code
. Mailing AddressS	treet and Number		City o	r Town		State	Zip Code	
. Employer		. 127 1		G:				7. 6.1
		t and Number	·				State	Zip Code
	10. F	ax # ()		11. Email A	ldress			
2. Repair Shop #	(If applicable)							
3. List below the school	ols you have attended.							
Name and Address		Time Attended	Graduated					
			Yes	or No		Date		
Start with your pres	on concerning periods of er ent position and work back chicle damage or doing mo	explaining exact	duties. Under " <b>ti</b> epair work gaged			nose periods	s spent in	]

16. The Applicant must read the following very carefully and answer every question. All written san original signature.	tatements submitted by the Applicant must include			
Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently	y charged with committing a crime?			
Yes No				
Note: "Crime" includes a misdemeanor, a felony or a military offense.				
You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdeme (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving w offenses.				
"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, or no contest, or having been given probation, a suspended sentence, or a fine.	having entered a plea of guilty or nolo contendere			
If you answer yes, you must attach to this application: a) a written statement explaining the circumstances of each incident, b) a copy of the charging document, c) a copy of the official document, which demonstrates the resolution of the charges of	any final judgment.			
17. State four (4) reasons the Board may suspend or revoke a Motor Vehicle Damage Appraiser lie	ense.			
A)				
B)				
C)				
D)				
18. I have read and I am familiar with the insurance laws of Massachusetts with regard to M imposed for violations of said laws.  Yes No	otor Vehicle Damage Appraisers and the penalties			
19. I am the applicant named in this application and the photograph attached hereto is my likeness.	Attach one Photograph			
20. I HEREBY VERIFY THE FORGOING STATEMENTS AND DECLARE THAT THEY WERE MADE UNDER THE PENALTIES OF PERJURY.	2" X 2" taken within one year of date of application and sign across the front of the photograph.			
Dated at this day of				
Applicant	DO NOT SEND SNAPSHOTS			
NOTE: ANY WILLFULLY FALSE STATEMENT IN THIS APPLICATION IS PUNISHABLE AS PERJURY UNDER MASS. GEN. LAWS, C. 268.	DO NOT SEND SNAFSHOTS			
21. We, the three (3) undersigned, citizens of Massachusetts, hereby severally state that we are per and that we believe him/her to be trustworthy and competent to act as a Motor Vehicle Damage Appraiser Licensing Board with any additional information on the applicant if requested.				
Signature ORIGINAL SIGNATURE REQUIRED – ALSO PRINT Printed Name	LAST NAME Address			