



COMMONWEALTH OF MASSACHUSETTS
DIVISION OF PROFESSIONAL LICENSURE
OFFICE OF PUBLIC SAFETY AND INSPECTIONS
PLEASE SUBMIT APPLICATION TO:
1000 WASHINGTON STREET, BOSTON, MASSACHUSETTS 02118

REGISTRATION OF TRUE NAME, ASSUMED NAME OF PUBLIC ENTERTAINER

Chapter 140, Section 181A, G.L. (Ter. Ed.), As Amended

APPLICATION FEES ARE NON-REFUNDABLE Please check ☐ **NEW** ☐ **Renewal**

Date: _____

True Name (PRINT) _____ Assumed Name (PRINT) _____

Legal Address _____
(Street) (City) (State) (Zip Code)

Business Address _____ Occupation _____

Telephone Number _____ E-mail Address _____

Date of Birth _____ Place of Birth _____

If not born in United States give date and place of naturalizations

Sex _____ Height _____ Weight _____ Eyes _____ Hair _____

Social Security # _____

Father's Legal Name _____ Mother's Maiden Name _____

THE ABOVE STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY:

Legal Signature _____

Sign Assumed Name _____

Date _____

AUTHORIZATION FOR RELEASE OF RMV INFORMATION:

My signature below authorizes the Office of Public Safety and Inspections to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database solely for use on this license/registration.

MA- RMV photo release signature

☐ (OPTIONAL)

Please check here if English is not your primary language AND your ability to read, write, speak, or understand English is limited. If you checked the box, please indicate what your primary language is:

Arabic	Chinese	French	German	Italian	Korean	Polish
Portuguese	Russian	Spanish	Tagalog	Vietnamese	Other _____	