



**The Commonwealth of Massachusetts
 Division of Occupational Licensure
 Office of Public Safety and Inspections**

One Federal Street, Suite 600
 Boston, Massachusetts 02110
 Phone (617) 727-3200
 Fax (617) 727-5732
www.mass.gov/dpl/opsi

All requests should be mailed to the address listed above.

PLEASE CHECK THE APPROPRIATE BOX(ES)

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Under the penalties of perjury, I declare that the information provided herein is a truthful and complete statement of the information required.

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City/Town:	City/Town:
State:	State:
Zip Code:	Zip Code:

OTHER REQUIRED INFORMATION	
Type of License:	Telephone Number:
License No:	Date:
Expiration Date:	Signature:
Email Address:	

Make your check or money order payable to the "Commonwealth of Massachusetts."

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