



The Commonwealth of Massachusetts
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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.

Print/type clearly the information as it is <u>NOW</u> <u>SHOWN</u> on your license:	Print/type clearly the information as you wish it to appear in our <u>RECORDS</u> :
Name:	Name:
Address:	Address:
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."

<u>Please check the appropriate box:</u>	<u>FEE</u>	<u>FOR OFFICIAL USE ONLY</u>
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