

Commonwealth of Massachusetts
 Division of Professional Licensure
 1000 Washington Street • Suite 710
 Boston • Massachusetts • 02118-6100
THIS FORM IS FOR A LICENSE HELD WITH THE DPL ONLY

All requests should be mailed to the address listed above.

<i>Please check the appropriate boxes</i>		
NAME CHANGE	ADDRESS CHANGE	DUPLICATE LICENSE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 NOW SHOWN on your license:
Name: _____
Address: _____
City/Town: _____
State: _____
Zip Code: _____

Print/type clearly the information as you wish it to appear on your DUPLICATE license:
Name: _____
Address: _____
City/Town: _____
State: _____
Zip Code: _____

OTHER REQUIRED INFORMATION	
License No: _____	Date of Birth: _____
Type of License: _____	Signature: _____
Licensing Board: _____	Email Address: _____
Expiration Date: _____	Telephone Number: _____
Last four digits of SSN (Mandatory): _____	Date: _____

1. For name change or duplicate license, you **MUST** return your current license with this form. If your current license has been lost or stolen, please check here.
2. For address changes only, **DO NOT** return your current license. All addresses are subject to disclosure upon request, M.G.L. c4,s7.
3. MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO THE "COMM. OF MASS." DO NOT SEND CASH.

	<u>Please check the appropriate box:</u>	<u>Fee</u>
<input type="radio"/>	Address and Name change WITHOUT duplicate license	\$0.00
<input type="radio"/>	Duplicate license WITH OR WITHOUT an address change	\$17.00
<input type="radio"/>	Name Change WITH Duplicate License	\$27.00

<u>FOR OFFICIAL USE ONLY</u>	
Fee:	_____
Date Received:	_____
Received by:	_____