

Commonwealth of Massachusetts  
 Division of Professional Licensure  
 <Board Name>  
 1000 Washington Street • Suite 710  
 Boston • Massachusetts • 02118-6100

All requests should be mailed to the address listed above.

*Please check the appropriate boxes*

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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:
State:
Zip Code:

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State:
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**OTHER REQUIRED INFORMATION**

License No:	Date of Birth:
Type of License:	Signature:
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.

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Duplicate license WITH OR WITHOUT an address change	\$17.00
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