

Commonwealth of Massachusetts  
Division of Occupational Licensure  
<Board Name>  
1 Federal St, Floor 6th • Suite 0600 Boston  
• Massachusetts • 02110-2012

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.**

Print/type clearly the information as it is <b><u>NOW SHOWN</u></b> on your license:
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<b>Address:</b>
<b>City/Town:</b>
<b>State:</b>
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**OTHER REQUIRED INFORMATION**

<b>License No:</b>
<b>Type of License:</b>
<b>Expiration Date:</b>
<b>Last four digits of SSN (Mandatory):</b>

<b>Date of Birth:</b>
<b>Signature:</b>
<b>Telephone Number:</b>
<b>Date:</b>

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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