

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.**

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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>
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<b>Date:</b>

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3. MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO THE "COMM. OF MASS." DO NOT SEND CASH.

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<b>Name or address change WITHOUT duplicate license</b>	<b>\$0.00</b>

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