	Massachusetts Department of Elementary and Secondary Education		
	Office of Educator LicensureTelephone: (781) 338-300075 Pleasant Street, Malden, Massachusetts 02148TTY: N.E.T. Relay 1-800-439-2370		
	Charge Card Aut	horization form: MASTERC	ARD and VISA accepted
Please complete all	l areas of this form so that we	may process your payment in a timel	y manner. Please type or print.
1. Applicant Information	on:		
Applicant's Full Name:			
Applicant's Social Security Number: or MEPID:			PID:
2. Card Holder Informa			
Card Holder's Last Name		Card Holder's First Name	MI
Card Holder's Address, S	Street and Apartment number (	(if any)	
Card Holder's City/Town		State	Zip Code
3. Credit Card Informa	ation:		
Please check the credit c	card you are using to process y	our payment:	
		ASTERCARD 🗌 VISA	
ACCOUNT #:		Expiration Date (Mo	onth/Year): (/
		FEES:	
	\$100.00 for	r "First" license/Primary Area	
\$2	25.00 for each New Field and C	Grade Level/Additional Area, or Hard	l Copy License
	Plea	ase apply payment to:	
	Academic Prek-12 Licensure	□ License Renewal □ Vocat	ional Licensure
	□ Adult Basic Education ]	Licensure 🗌 Hard Copy Licens	e Request
Total Payment: \$			
Credit Card Holder's Sig	gnature	 I	Date