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| MA State Seal | **Massachusetts Department of**  **Elementary and Secondary Education** | | | | | |  | |
|  | Office of Educator Licensure Telephone: (781) 338-3000  75 Pleasant Street, Malden, Massachusetts 02148 TTY: N.E.T. Relay 1-800-439-2370 | | | | | | | |
|  | **Charge Card Authorization form: MASTERCARD and VISA accepted** | | | | | | | |
| *Please complete all areas of this form so that we may process your payment in a timely manner. Please type or print.* | | | | | | | | |
| **1. Applicant Information:** | | | | | | | | |
| Applicant’s Full Name: | | | | | | | | |
| Applicant’s Social Security Number:       -      - | | | | | *or* MEPID: | | | |
| **2. Card Holder Information:** | | | | | | | | |
| Card Holder’s Last Name | | Card Holder’s First Name | | | | | | MI |
| Card Holder’s Address, Street and Apartment number *(if any)* | | | | | | | | |
| Card Holder’s City/Town | | | | State | | Zip Code | | |
| **3. Credit Card Information:** | | | | | | | | |
| *Please check the credit card you are using to process your payment:* | | | | | | | | |
| **MASTERCARD**  **VISA** | | | | | | | | |
| ACCOUNT #:       -      -      - | | | Expiration Date (Month/Year): (      /      ) | | | | | |
| FEES:  $100.00 for “First” license/Primary Area  $25.00 for each New Field and Grade Level/Additional Area, or Hard Copy License  **Please apply payment to:**  **Academic Prek-12 Licensure**  **License Renewal**  **Vocational Licensure**  **Adult Basic Education Licensure**  **Hard Copy License Request** | | | | | | | | |
| Total Payment: $ | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Credit Card Holder’s Signature Date | | | | | | | | |