|  |  |  |
| --- | --- | --- |
| 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 |