



COMMONWEALTH OF MASSACHUSETTS

SHORT TERM RENTAL ENTITY FACILITATOR NOTIFICATION

Please forward this form via e-mail to john.p.rogers@state.ma.us or mail to
 Department of Public Safety, Attention Chief of Inspections-Mechanical
 One Ashburton Pl. Room 1301 Boston MA 02108 -1618

520 CMR 6.00: HOISTING MACHINERY

6.03: Issuance of Temporary Permits to Operate Rented Hoisting Machinery

(b) *If the Short Term Rental Entity Facilitator is no longer employed by the rental entity or is no longer going to serve as the Facilitator, the Short Term Rental Entity shall submit the required documents for the new facilitator within 14 days of the change.*

Name of Short Term Rental Entity		Date Submitted
Entity Address		Effective Date of Change
Name of Facilitator Leaving		Telephone Number
E-mail Address		License Number

NEW SHORT TERM RENTAL ENTITY FACILITATOR INFORMATION

Name of Facilitator		Social Security Number	
Mailing Address			
E-mail Address		Telephone Number	
License Number		Expiration Date	
License Restrictions			

Signature of Applicant

Date

Signature of New Short Term Rental Entity Facilitator

Date