



COMMONWEALTH OF MASSACHUSETTS

Office of Consumer Affairs and Business Regulation
Home Improvement Contractor Registration Program
1000 Washington Street, Suite 710 Boston, MA 02118
APPLICATION FOR RENEWAL OF REGISTRATION

HOME IMPROVEMENT CONTRACTOR OR SUBCONTRACTOR MGL Chapter 142A, 201 CMR 18.00

NOTE: You may also renew online and pay with credit card at www.mass.gov/renewHIC

REQUIRED RENEWAL FEE: \$100

ONLY CERTIFIED CHECKS OR MONEY ORDERS CAN BE ACCEPTED. ANY OTHER FORM OF PAYMENT, INCLUDING BUT NOT LIMITED TO PERSONAL OR BUSINESS CHECKS, WILL BE RETURNED AS INELIGIBLE.

PLEASE NOTE: OCABR will not process any renewal application if it is received more than **30 days** beyond the expiration of the HIC Registration. See 201 CMR 18.02(6)(b). Failure to submit a timely renewal application will require a contractor (1) to obtain a **new HIC Registration card**, and (2) to pay associated registration and Guaranty Fund fees.

1. Responsible Person Name if Individual Registration OR Entity Name if Corp. / LLC / Trust / Partnership: _____

2. Registration Number: _____

3. Email (**required**): _____

4. Industry Type (Select all that apply): ___ Carpentry ___ Painting ___ Roofing ___ Other

5. D/B/A (If Any): _____

(If filing as a D/B/A, you must provide a current copy of the Business Certificate filed with the City or Town Clerk.)

6. Address/Telephone Number of Applicant (if different from current registration):

Mailing: _____ Telephone #: _____

Permanent: _____

7. No. of Employees (if different from current registration): _____

8. If Applicant is a Partnership, Corporation, or Trust, indicate the name, Social Security No., and contact number of the individual responsible for Applicant's work (if different from current registration).

_____ Social Security #: _____

First Middle Last

Telephone #: _____

9. (a) Other License/Registrations: Does the Applicant or Responsible Individual hold a Massachusetts Construction Supervisor License?

YES ___ NO ___

(b) IF YES, PLEASE FILL IN INFORMATION BELOW. ATTACH ADDITIONAL SHEETS IF NECESSARY.

LICENSE TYPE	ISSUED BY	LICENSE/REG. #	EXP. DATE	LICENSEE NAME

10. (a) Previous Registrations: Have you been registered previously as a Home Improvement Contractor?

YES____ NO ____

(b) IF YES, PLEASE PROVIDE THE NAME AND REGISTRATION NUMBER UNDER WHICH YOU WERE PREVIOUSLY REGISTERED:

NAME: _____ HIC REGISTRATION #: _____

11. (a) Other HIC Associations: Are you currently or have you ever been an Officer, Partner or Co-Venturer of an Applicant who previously applied for or held a Home Improvement Contractor Registration?

YES____ NO ____

(b) IF YES, PLEASE PROVIDE THE NAME OF THE APPLICANT/REGISTRANT AND THE REGISTRATION NUMBER:

NAME: _____ HIC REGISTRATION #: _____

12. (a) Disciplinary Actions: Are you currently or have you previously been employed by a Registrant or Applicant for Registration against which disciplinary action was taken?

YES____ NO ____

(b) IF YES, PLEASE PROVIDE THE NAME OF THE APPLICANT/REGISTRANT AND THE REGISTRATION NUMBER:

NAME: _____ HIC REGISTRATION #: _____

13. Formal Complaints: Have there ever been any formal complaints against you where disciplinary action was taken by the Dept. of Public Safety or Consumer Affairs, or any court judgements or arbitration awards issued against you?

YES____ NO ____

14. DO YOU OWE MONEY TO THE GUARANTY FUND?

YES____ NO ____ IF YES TO EITHER, PLEASE IDENTIFY BY DATE, CASE NUMBER, OR DOCKET NUMBER:

Registration Renewal Fee enclosed: \$_____. Make all certified checks or money orders payable to "Commonwealth of Massachusetts." **ONLY CERTIFIED CHECKS OR MONEY ORDERS CAN BE ACCEPTED**

Please read and check the box

☐ Obtaining and/or using an HIC Registration on behalf of an individual with a currently or previously revoked or suspended registration may subject you to criminal penalties up to and including imprisonment pursuant to M.G.L. c. 142A, §19. By checking this box you attest that you are seeking this HIC Registration in compliance with the law.

Pursuant to Massachusetts General Laws Chapter 62C § 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required under law.

Signature of Applicant

Title held, if applicable

Date

A FALSE ANSWER TO ANY QUESTION IN THIS APPLICATION CONSTITUTES GROUNDS FOR
SUSPENSION OR REVOCATION OF THE APPLICANT'S REGISTRATION.

<p>This document contains important information. Please have it translated immediately.</p> <p>В данном документе содержится важная информация. Вам необходимо срочно сделать перевод документа.</p> <p>Este documento contiene información importante. Por favor, consiga una traducción inmediatamente.</p> <p>تحتوي هذه الوثيقة على معلومات هامة. يرجى ترجمتها فوراً.</p> <p>Docikman sa gen enfòmasyon enpòtan. Tanpri fè yon moun tradwi l touswit.</p>	<p>Questo documento contiene informazioni importanti. La preghiamo di tradurlo immediatamente.</p> <p>Este documento contém informações importantes. Por favor, traduzi-lo imediatamente.</p> <p>此文件含有重要信息。請立即找人翻譯。</p> <p>본 문서에는 중요한 정보가 포함되어 있습니다. 본 문서를 즉시 번역하도록 하십시오.</p> <p>Tài liệu này có chứa thông tin quan trọng. Vui lòng dịch tài liệu này ngay.</p>	<p>ខេត្តសានសង្កបប័ណ្ណ ប័ណ្ណខ្លីមួយសំខាន់។ រក្សាទុកវាទៅខេត្តសានសង្កបប័ណ្ណនេះប្រសិនបើ មានបញ្ហា។</p> <p>ឯកសារនេះមានន័យសំខាន់ណាស់ ។</p> <p>សូមបកប្រែវាជាបន្ទាន់ ។</p> <p>Ce document contient des informations importantes. Veuillez le faire traduire au plus tôt.</p>
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