



**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](http://www.mass.gov/renewHIC)**

<b>REQUIRED RENEWAL FEE:</b> <b>\$100</b>	<b>ONLY CERTIFIED CHECKS OR MONEY ORDERS CAN BE ACCEPTED.</b> ANY OTHER FORM OF PAYMENT, INCLUDING BUT NOT LIMITED TO PERSONAL OR BUSINESS CHECKS, WILL BE RETURNED AS INELIGIBLE.
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**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. Name of Applicant as listed on Current Registration: \_\_\_\_\_

2. Registration Number: \_\_\_\_\_

3. Email (*required*): \_\_\_\_\_

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

5. D/B/A used by Applicant: \_\_\_\_\_

*(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):

\_\_\_\_\_ Telephone #: \_\_\_\_\_  
 \_\_\_\_\_

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. 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 WHEN RENEWING BY MAIL.**

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.**