



Commonwealth of Massachusetts

Division of Occupational Licensure

Office of Public Safety & Inspections

520 CMR 6.00 HOISTING MACHINERY

SHORT TERM RENTAL ENTITY FACILITATOR NOTIFICATION

1000 Washington Street – Suite 710 – Boston – MA 02118

In accordance with 520 CMR, Section 6.03(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.

INFORMATION ABOUT DEPARTING FACILITATOR.

(Print Name of Short Term Rental Entity)

(Date of Notification)

(Entity Street Number & Name)

(City\Town\State\Zip Code)

(Print Name of Departing Facilitator)

(Effective Date of Change)

(Contact Name & E-Mail Address)

(License Number of Departing Facilitator)

INFORMATION ABOUT NEW FACILITATOR.

(Print Name of New Facilitator)

(Social Security Number)

(New Facilitator Mailing Address Street Number & Name)

(City\Town\State\Zip Code)

(New Facilitator Email Address)

(Phone Number)

(New Facilitator License Number & Expiration Date)

(License Restrictions)

(Signature of Entity Owner)

(Date)

(Signature of New Facilitator)

(Date)

Mail the completed notification to:

Massachusetts Office of Public Safety & Inspections (OPSI)

Attention: Hoisting Department

1000 Washington Street, Suite 710, Boston MA 02118

Or forward via email to:

Cesar.Lastra@mass.gov