



# Commonwealth of Massachusetts

## Division of Occupational Licensure

### Office of Public Safety & Inspections

#### 230 CMR 6.00 HOISTING MACHINERY

##### SHORT TERM RENTAL ENTITY FACILITATOR NOTIFICATION

1 Federal Street – Suite 0600 – Boston – MA 02110-2012

*In accordance with 230 CMR, Section 6.03(3), 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

1 Federal Street, Suite 0600, Boston MA 02110-2012

Or forward via email to:

[OPSI-Hoisting.Programs@mass.gov](mailto:OPSI-Hoisting.Programs@mass.gov)