

**Commonwealth of Massachusetts  
Division of Insurance  
Producer Licensing Department  
1000 Washington Street, Suite 810  
Boston, Massachusetts 02118**

**Replacement Division of Insurance License Request Form**

The fee is \$25 per duplicate or replacement license

**Request for a Duplicate or Replacement License**

**Individual Requests:**

Individual's name:

Individuals license Number

Individual's license requested:

Individual's mailing address:

Individual's City / State / Zip

**Corporate (Business Entity) Requests:**

Business Entity's name:

Business Entity's FEIN or License Number:

Business Entity's license type requested:

Business Entity's mailing address:

Business Entity's City / State / Zip

Please submit this form and total fee due to:

Division of Insurance  
1000 Washington Street, Suite 810  
Boston, MA 02118  
Attn: Producer Licensing

**Please make all checks payable to: The Commonwealth of Massachusetts**