



The Commonwealth of Massachusetts

Division of Professional Licensure Office of Public Safety and Inspections

1000 Washington Street, Suite 710

Boston, Massachusetts 02118

Phone (617) 727-3200

Fax (617) 727-1944

OPSI Employee Application for Reimbursement of Licensing Fee

Name: _____

Position: _____ **Date of Hire** _____

License Fee Sought: _____

Direct Supervisor: _____

Approve by: _____
Supervisor's Signature Date

I, _____ acknowledge that the license for which I have applied and request reimbursement of associated fees will be used solely in furtherance of any duties as an employee of the Office of Public Safety & Inspections (OPSI) and will not be used outside of the scope of my employment. I understand that any use of the license for any other purpose will result in revocation of the license.

Signature Date