



# The Commonwealth of Massachusetts

## Division of Occupational Licensure Office of Public Safety and Inspections

1 Federal Street, Suite 0600

Boston, Massachusetts 02110-2012

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