



THE COMMONWEALTH OF MASSACHUSETTS

Division of Occupational Licensure Office of Public Safety and Inspections

<https://www.mass.gov/orgs/office-of-public-safety-and-inspections>

APPLICATION FOR LICENSE RENEWAL

*Please note changes to **employer DBA & address.***

License Type: Motion Picture Operator

License No:

Expiration:

**Please submit the non refundable processing renewal fee and
a passport sized photo. (unless authorized to access MA RMV)**

Licenses not renewed by the expiration date shall become void, and shall after one year be reinstated only by a new application and re-examination of the licensee if required. **All future renewal notices will be sent by E-Mail.**

Please specify the **E-Mail address** you want your renewal notice to be sent to:

Please review the information about your license on the Division of Occupational Licensure website
www.mass.gov/dpl Look for Key Resources and click on the link to OPSI.

Please enclose a check or money order made payable to the
Commonwealth of Massachusetts for the required non refundable
processing renewal fee of **\$50.00**.

DO NOT MAIL CASH.

Write the license number on the front of the check or money order.

Mail the completed renewal form with
payment to:

**Office of Public Safety and Inspections
P.O. Box 414376
Boston, MA 02241-4376**

☐ **I AUTHORIZE OPSI TO USE MY RMV PHOTO INFORMATION** *(Please check box on the left).*

This option authorizes the Office of Public Safety and Inspections to electronically access my photograph from the **Massachusetts Registry of Motor Vehicles** database solely for use on this license/registration. If you do not authorize use of your MA RMV photo or do not have a MA RMV license, please submit **Photo Submission Form for License Renewal** available at www.mass.gov/dpl. Failure to follow OPSI license photo procedure will result in your renewal status being changed to "Incomplete" until a proper photo is received.

☐ **LANGUAGE ACCESS PLAN (Optional)** Please check here if English is not your primary language AND your ability to read, write, speak, or understand English is limited. Please indicate what your primary language is:

I hereby certify under the pains and penalties of perjury that to the best of my knowledge and belief the information above is correct and that I have filed all state tax returns and paid all state taxes required by law and complied with all laws of the Commonwealth relative to the withholding and payment of child support.

Signature of Applicant

Date

Rev: 1000-3000

Amt: \$50.00

RenID:

LicID: