



The Commonwealth of Massachusetts
Division of Occupational Licensure
Office of Public Safety and Inspections

1000 Washington St., Suite 710
 Boston, Massachusetts 02118
 Phone (617) 727-3200
 Fax (617) 727-5732
 TTY (617) 727-0019
www.mass.gov/dpl/opsi

All requests should be mailed to the address listed above.

PLEASE CHECK THE APPROPRIATE BOX(ES)

NAME CHANGE	ADDRESS CHANGE
<input type="checkbox"/>	<input type="checkbox"/>

Under the penalties of perjury, I declare that the information provided herein is a truthful and complete statement of the information required.

Print/type clearly the information as it is <u>NOW</u> <u>SHOWN</u> on your license:	Print/type clearly the information as you wish it to appear in our <u>RECORDS:</u>
Name:	Name:
Address:	Address:
City/Town:	City/Town:
State:	State:
Zip Code:	Zip Code:

OTHER REQUIRED INFORMATION	
Type of License:	Telephone Number:
License No:	Date:
Expiration Date:	Signature:
Email Address:	

Make your check or money order payable to the "Commonwealth of Massachusetts."

<u>Please check the appropriate box:</u>	<u>FEE</u>	<u>FOR OFFICIAL USE ONLY</u>
<input type="checkbox"/> Name or address change WITHOUT duplicate license	\$0.00	