

## **COMMONWEALTH OF MASSACHUSETTS**

**Division of Occupational Licensure** Board of Registration of Real Estate Brokers and Salespersons Realestateboard@mass.gov

## **LICENSE VERIFICATION FORM**

## Please e-mail the completed form to <u>realestateboard@mass.gov</u> The Board will invoice the verification fee after submission

Licensee's Name:	
Licensee's Mailing Address:	
City, State Zip Code:	
Licensee Phone Number	
Licensee Email Address	
License Number and Type:	
If the Verification is being sent to anyone other than licensee, please enter the information below.	
Name/Agency:	
Mailing Address:	
Email Address:	