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COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
Home Improvement Contractor Program

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MIKE KENNEALY
SECRETARY OF HOUSING AND
ECONOMIC DEVELOPMENT

EDWARD A. PALLESCHI
UNDERSECRETARY

REGISTERED CONTRACTOR CHANGE OF ADDRESS FORM

Registered Contractor Name: _____ HIC Registration # _____

Business Name (if any): _____

Mailing Address: _____

City/Town: _____ State: _____ Zip code: _____

Work Phone # _____ Mobile Phone # _____

Home Phone # _____ Email Address: _____

***All fields are required to be filled out when requesting a change of address.**

Contractor Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date Received: _____ Date Processed: _____ Processed By: _____