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

1000 Washington Street, Suite 710, Boston, MA 02118  
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[www.mass.gov/HomelImprovement](http://www.mass.gov/HomelImprovement)

**MIKE KENNEALY**  
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**EDWARD A. PALLESCHI**  
UNDERSECRETARY

**Request For Duplicate Registration Card**

Please complete (print) this form in ink and mail it to the above address.

<b>REGISTRATION NUMBER (if known):</b>	_____
<b>REGISTRATION (COMPANY) NAME:</b>	_____
<b>BUSINESS ADDRESS:</b>	_____
<b>MAILING ADDRESS (if different):</b>	_____

<b>INDIVIDUAL RESPONSIBLE FOR HOME IMPROVEMENT CONTRACTS:</b>	_____
<i>SIGNATURE OF RESPONSIBLE PERSON REQUIRED IN ORDER TO PROCESS:</i>	
<b>SIGNATURE:</b>	_____
<b>TELEPHONE NUMBER:</b>	__(_____)_____

<b>LOST CARD WAS:</b>	_____	<b>ONLY CARD ISSUED</b>	_____	<b>SUPPLEMENTARY CARD</b>
<i>IF SUPPLEMENTARY CARD:</i>				
<b>NAME OF PERSON ISSUED CARD:</b> _____				
<b>SIGNATURE OF CARDHOLDER:</b> _____				

<b>FOR OFFICIAL USE ONLY</b>	
<b>REGISTRATION NUMBER:</b>	_____
<b>DUPLICATE ISSUED BY:</b>	_____
<b>DATE:</b>	_____