



**Commonwealth of Massachusetts  
Division of Professional Licensure  
Office of Public Safety and Inspections**

One Federal Street, Suite 600  
Boston, Massachusetts 02110  
Phone (617) 701-8600

<https://www.mass.gov/dpl/opsi>

## REQUEST FOR DUPLICATE RENEWAL FORM

PLEASE EMAIL THIS COMPLETED FORM TO [OPSI-INFO@MASS.GOV](mailto:OPSI-INFO@MASS.GOV) WITH THE SUBJECT LINE "REQUEST FOR DUPLICATE RENEWAL FORM" –OR– MAIL TO THE ADDRESS ABOVE  
ATTN: REQUEST FOR DUPLICATE RENEWAL FORM

Print/type clearly the information as it is **NOW SHOWN** on your license:

If your email or mailing address has changed, you **must** also complete a change of address form, available [here](#).

Name:

Address:

City/Town:

State:

Zip Code:

Business Name:

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

### OTHER REQUIRED INFORMATION

Type of License:

Telephone Number:

License No:

Date:

Expiration Date:

Signature:

Email Address:

### HOW WOULD YOU LIKE YOUR RENEWAL FORM SENT? Check the appropriate box(es).

By mail

☐

By e-mail

☐

**Please be advised:** Licenses are eligible for renewal 60 days prior to their expiration date. When a license becomes eligible for renewal, we automatically send a renewal form to the email and mailing address on file.