



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

1000 Washington Street, Suite 710

Boston, Massachusetts 02118

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 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 <input type="checkbox"/>	By e-mail <input type="checkbox"/>

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.