

COMMONWEALTH OF MASSACHUSETTS

Office of Consumer Affairs and Business Regulation Home Improvement Contractor Program

1000 Washington Street, Suite 710, Boston, MA 02118 617-973-8787

www.mass.gov/HomeImprovement

REQUEST FOR SUPPLEMENTARY HIC CARDS

It is recognized that some construction firms may have a need for additional identification card(s) for officers, partners, or other key employees as a means of identification in dealing with building officials, potential customers, and the like. Additional ID cards will be issued upon proper completion and submission of this form along with a \$10 fee for each additional card requested (CERTIFIED CHECK OR MONEY ORDER) made payable to "Commonwealth of Massachusetts." The registration number will be the same as the original applicant registration number, and the ID card will list the name of the applicant and the name of the individual to whom it is issued. The address of the individual should be the address at which the person is based (i.e., a branch office, main office, or home address). Cards will be issued only to officers, partners, or employees of the registration.

THE REGISTRATION AND NAME OF THE RESPONSIBLE INDIVIDUAL WILL STILL HAVE THE JOINT AND SEVERAL LIABILITY FOR WORK CONDUCTED AS NOTED IN MGL C. 142A AND 201 CMR 18.00 AND WILL BE RESPONSIBLE FOR THE WORK OF THE INDIVIDUALS ISSUED A SUPPLEMENTARY CARD. THE HOLDERS OF THE SUPPLEMENTARY CARDS WILL NOT BY REASON OF BEING ISSUED SUCH A CARD ASSUME SUCH LIABILITY. THESE CARDS ARE ISSUED AS A CONVENIENCE TO THE REGISTRANT.

Additional Home Improvement Contractor identification cards are requested for the following individuals. (If more than four supplemental cards are needed, please use additional forms as necessary.):

Name	Title	Address	Social Security Number

I hereby authorize the issuance of supplementary cards to the above–named INDIVIDUALS WHO ARE EMPLOYED BY THE HOME IMPROVEMENT CONTRACTOR REGISTRATION IN THE CAPACITIES NOTED. I understand that the registrant will be completely responsible for the work of the individuals and will be responsible for the proper use of these cards and their return if the status of the individual(s) with the registrant changes.

SIGNED UNDER THE PENALTIES OF PERJ	URY:	
Registration Number:		
Registration/Business Name:		
Responsible Person Name (Print):		
Signature of Responsible Person	Title	

FOR OFFICE USE ONLY:		
Date Received:	Date Processed:	Processed By:

This document contains important information. Please have it translated immediately.

В данном документе содержится важная информация. Вам необходимо срочно сделать перевод документа.

Este documento contiene información importante. Por favor, consiga una traducción 請立即找人翻譯。 inmediatamente.

> تحتوي هذه الوثيقة على معلومات هامة. يرجى ترجمتها فورًا.

Docikman sa gen enfòmasyon enpòtan. Tanpri fè yon moun tradwi l touswit.

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此文件含有重要信息。

본 문서에는 중요한 정보가 포함되어 있습니다. 본 문서를 즉시 번역하도록 하십시오.

Tài liệu này có chứa thông tin quan trọng. Vui lòng dịch tài liệu này ngay.

ເອກະສານສະບັບນີ້ ບັນຈຸຂໍ້ມູນອັນສຳຄັນ. ກະລຸນາເອົາເອກະສານສະບັບນີ້ໄປແປອອກ ຢ່າງບໍ່ລໍຂ້າ.

ឯកសារនេះមាននូវព័ត៌មានដ៏សំខាន់ ។ សូមបកប្រែវាជាបន្ទាន់ ។

Ce document contient des informations importantes. Veuillez le faire traduire au plus tôt.