



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/HomelImprovement

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 PERJURY:

Registration Number: _____

Registration/Business Name: _____

Responsible Person Name (Print): _____

Signature of Responsible Person

Title

Please return this form along with the appropriate fees (\$10.00 PER CARD) to the address above.

