



**Commonwealth of Massachusetts
Division of Professional Licensure
Office of Private Occupational School Education
1000 Washington Street • Boston • Massachusetts • 02118**

CHANGE OF NAME FORM

This form must be completed and returned with all supporting materials at least **thirty days (30)** before anticipated effective date of name change. DPL will review this document and its attachments and, if approved, will return to the school an approved copy. This form is not to be used as notification of change of ownership.

Former Corporate Name of School Owner_____

Former Operating Name of School (d/b/a)_____

Address_____

Street	City	State	Zip
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Phone Number_____ Fax Number_____

New Corporate Name of School Owner_____

New Operating Name of School (d/b/a)_____

Effective Date of Change_____

Reason for Change (attach an additional sheet if necessary)_____

Return application with the following attachments:

- Certified copy of the Articles of Reorganization, in the event of a corporate change of name, documentation of the change of name from the Secretary of State's Office (Note: If the owners of the school have also changed, this constitutes a sale or a change in ownership and the new owners must submit their own application for a license with DPL. In the instance of new owners, this form cannot be used.)
- New d/b/a or business certificate from the city/town clerk, if applicable
- New copy of the lease(s), signed by both the lessee(s) and the lessor(s), which also includes the lessors name, address, and telephone number (only in the case of a change to the corporate name)
- Updated school catalog and any current advertising using new name
- Enrollment Agreement with new name (be sure to check our website for any updated language for the enrollment agreement)



- Surety with name change, with an effective date same as the effective date of the name change; DPL must receive the original surety.
- The current occupational school license. DPL will issue a new license with the school's new name. List of branch locations, if any
Notification of this name change has been updated with the following departments. If the notification does not apply to your school, please mark "N/A" in the space provided for the date.
 - The Office of the State Auditor was notified of this change of name on _____(date). (Their phone number is 617-727-6200.)
 - If Section 30 approved, The Department of Unemployment Assistance was notified on _____ (date).
 - If Title IV approved, the United States Department of Education was notified on _____ (date). (Their phone number is 617-223-9338.)
 - If teaching a CNA program, The Department of Public Health's, Nurse Aide Registry was notified on _____ (date). (Their phone number is 617-753-8142.)
 - If teaching an LPN program, the Board of Registration for Nursing was notified on _____ (date). (Their phone number is 617-973-0800.)
 - If teaching CDL courses, The Registry of Motor Vehicle's Vehicle Safety and Compliance Division was notified on _____ (date). (Their phone number is 617-351-9109.)
 - If teaching electrical courses, the Board of Registration for Electricians was notified on _____ (date). (Their phone number is 617-727-9931.)
 - If teaching plumbing courses, the Board of Registration for Plumbers was notified on _____ (date). (Their phone number is 617-727-9952.)

This application contains no misrepresentations or falsehoods. Misrepresentations or falsehoods shall be sufficient cause for denial or revocation of this school's license(s) to operate a private occupational school.

Signed under the penalties of perjury.

Signature*	Date
Title	School

*This document must be signed by the owner, director, or authorized agent.

To ensure timely delivery, please address all correspondence as follows:

Division of Professional Licensure
Office of Private Occupational School Education
1000 Washington Street, Suite 710
Boston, MA 02118-6100

Or fax this completed and signed document to 617-727-0139

Or email a PDF of this completed and signed document to occupational.schools@mass.gov

For DPL Use Only:
Acknowledged By: _____ Date: _____
<i>Copy sent to: Tom Meagher, Office of the State Auditor, One Ashburton Place, Boston, MA 02108</i>