

Commonwealth of Massachusetts
 Division of Professional Licensure
 1000 Washington Street • Suite 710
 Boston • Massachusetts • 02118-6100

All requests should be mailed to the address listed above.

<i>Please check the appropriate boxes</i>		
NAME CHANGE	ADDRESS CHANGE	DUPLICATE LICENSE

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

Print/type clearly the information as it is <u>NOW SHOWN</u> on your license:
Name: _____
Address: _____
City/Town: _____
State: _____
Zip Code: _____

Print/type clearly the information as you wish it to appear on your <u>DUPLICATE</u> license:
Name: _____
Address: _____
City/Town: _____
State: _____
Zip Code: _____

OTHER REQUIRED INFORMATION	
License No: _____	Date of Birth: _____
Type of License: _____	Signature: _____
Expiration Date: _____	Telephone Number: _____
Last four digits of SSN (Mandatory): _____	Date: _____

1. For name change or duplicate license, you **MUST** return your current license with this form. If your current license has been lost or stolen, please check here.
2. For address changes only, **DO NOT** return your current license. All addresses are subject to disclosure upon request, M.G.L. c4,s7.
3. **MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO THE "COMM. OF MASS." DO NOT SEND CASH.**

Please check the appropriate box:	Fee
<input type="radio"/> Duplicate license WITH OR WITHOUT an address change	\$17.00
<input type="radio"/> Duplicate license WITH a name change	\$27.00
<input checked="" type="radio"/> Name or address change WITHOUT duplicate license	\$0.00

<u>FOR OFFICIAL USE ONLY</u>
Fee: _____
Date Received: _____
Received by: _____

