



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

One Ashburton Place, Room 1301  
Boston, Massachusetts 02108-1618  
Phone (617) 727-3200  
Fax (617) 727-5732  
TTY (617) 727-0019  
[www.mass.gov/dpl/opsi](http://www.mass.gov/dpl/opsi)

All requests should be mailed to the address listed above.

PLEASE CHECK THE APPROPRIATE BOX(ES)		
NAME CHANGE	ADDRESS CHANGE	DUPLICATE LICENSE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 <b><u>NOW</u></b> <b><u>SHOWN</u></b> on your license:	Print/type clearly the information as you wish it to appear in our <b><u>RECORDS</u></b> :
<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>City/Town:</b>	<b>City/Town:</b>
<b>State:</b>	<b>State:</b>
<b>Zip Code:</b>	<b>Zip Code:</b>

OTHER REQUIRED INFORMATION	
<b>Type of License:</b>	<b>Telephone Number:</b>
<b>License No:</b>	<b>Date:</b>
<b>Expiration Date:</b>	<b>Signature:</b>
<b>Email Address:</b>	

**Make your check or money order payable to the "Commonwealth of Massachusetts."  
DO NOT SEND CASH.**

Please check the appropriate <b>box:</b>	<b><u>FEE</u></b>	<b><u>FOR OFFICIAL USE ONLY</u></b>
<input type="checkbox"/> Duplicate license with or without name change	<b>\$20.00</b>	
<input type="checkbox"/> Duplicate Construction Supervisor's License	<b>\$25.00</b>	
<input type="checkbox"/> Name or address change <b>WITHOUT</b> duplicate license	<b>\$0.00</b>	