



THE COMMONWEALTH OF MASSACHUSETTS

Department of Public Safety
One Ashburton Place, Room 1301
Boston, MA 02108-1618

REQUEST FOR DUPLICATE RENEWAL FORM

PLEASE COMPLETE THIS FORM AND MAIL TO THE ADDRESS ABOVE
ATTN: REQUEST FOR DUPLICATE RENEWAL FORM

OR

FOR IMMEDIATE ASSISTANCE, PLEASE EMAIL THIS COMPLETED FORM
OR THE REQUESTED INFORMATION TO DPSINFO@STATE.MA.US
WITH THE SUBJECT LINE "*REQUEST FOR DUPLICATE RENEWAL FORM*"

Failure to do so will result in your license renewal being delayed and/or expiring until the proper documentation is provided. Licenses not renewed by the expiration date shall become void, and shall after one year be reinstated only by a new application and re-examination of the licensee if required.

<p>Name: _____</p> <p>License Number: _____</p> <p>License Type: _____</p> <p>Expiration Date: _____</p> <p>Would you like to have your renewal form e-mailed to you? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If so, please specify the E-mail Address you want your renewal notice to be sent to:</p> <p>_____</p>
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***DO NOT ATTACH A FEE AS THIS IS NOT A RENEWAL FORM.
LICENSES WILL NOT BE RENEWED UNTIL THE PROPER RENEWAL FORM IS SUBMITTED.***