



Deval Patrick
Governor

Timothy Murray
Lieutenant Governor

THE COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
Home Improvement Contractor Registration Program
10 Park Plaza – Suite 5170
Boston, MA. 02116

Request For Duplicate Registration Card

Please complete (print) this form in ink and mail it to the above address with a certified check or money order for \$25, payable to: "Commonwealth of Massachusetts."

REGISTRATION NUMBER (if known): _____

REGISTRATION (COMPANY) NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (if different): _____

INDIVIDUAL RESPONSIBLE FOR
HOME IMPROVEMENT CONTRACTS: _____

SIGNATURE OF RESPONSIBLE PERSON REQUIRED IN ORDER TO PROCESS:

SIGNATURE: _____

TELEPHONE NUMBER: __ (____) _____

LOST CARD WAS: _____ ONLY CARD ISSUED _____ SUPPLEMENTARY CARD

IF SUPPLEMENTARY CARD:

NAME OF PERSON ISSUED CARD: _____

SIGNATURE OF CARDHOLDER: _____

FOR OFFICIAL USE ONLY

REGISTRATION NUMBER: _____

DUPLICATE ISSUED BY: _____

DATE: _____