

# THE COMMONWEALTH OF MASSACHUSETTS

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

## APPLICATION FOR RENEWAL OF CONSTRUCTION SUPERVISOR LICENSE

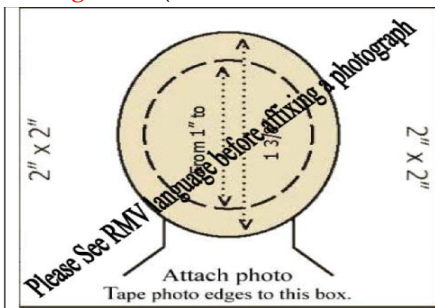
NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ OLD ADDRESS \_\_\_\_\_

### E-Mail Address

Licenses not renewed by the expiration date become void, and shall after a two-year period, be reinstated only by examination of the licensee (780 CMR 110.R5.2.4). **All future renewal notices will be sent by e-mail communication only unless an applicant certifies, under pains and penalties of perjury, that he/she is unable to be notified via electronic message.** (Please refer to the certification line at the bottom of this form.)



### AUTHORIZATION FOR RELEASE OF RMV INFORMATION:

My signature below, authorizes the Department of Public Safety to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database solely for use on this license/registration.

MA- RMV photo release signature \_\_\_\_\_

Otherwise please submit a color Passport Photo 2x2 inches in size taken within the past 6 months showing current appearance. Tape photo on edges to the box on the left with clear tape.

Please enclose a check or money order made payable to the **Commonwealth of Massachusetts** for the required renewal fee of \$100.00. **DO NOT MAIL CASH.** Please include your license number on the front of the check or money order. Mail the completed renewal form with payment and photograph to:

**Department of Public Safety - CSL Renewal**

**P.O. Box 414376 - Boston, MA 02241-4376**

Also, please refer to the Department of Public Safety website @ [www.mass.gov/dps](http://www.mass.gov/dps) for newly enacted continuing education requirements for construction supervisor licensees.

I hereby certify under the pains and penalties of perjury that to the best of my knowledge and belief the information above is correct and that I have filed all state tax returns and paid all state taxes required by law and complied with all laws of Commonwealth relative to the withholding and payment of child support.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

I hereby certify, under the pains and penalties of perjury, that I am unable to access e-mail notifications and therefore request U.S. mail notifications of renewals.

Signature \_\_\_\_\_

Date \_\_\_\_\_