



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

Registration:
Expiration:
Received:

APPLICATION FOR RENEWAL OF REGISTRATION
 HOME IMPROVEMENT CONTRACTOR OR SUBCONTRACTOR

MGL Chapter 142A, 780 CMR R6
 (PLEASE READ INSTRUCTIONS CAREFULLY)

- Name of Applicant as on Current Registration: _____
- D/B/A used by Applicant (if different from that used with current registration): _____
- Address of Applicant (if different from address on current registration):

4. No. of Employees:

5. If Applicant is a Partnership, Corporation or Trust, state the name of the individual responsible for Applicant's work:

_____	Social Security No. _____
<i>First</i> <i>Middle</i> <i>Last</i>	Telephone No. _____

6. Does the Applicant hold any other construction-related, state, city or town licenses or registrations? Yes No

Construction Supervisor License:	<input type="text"/>	Expires: _____
Motor Vehicle Repair Shop:	<input type="text"/>	Expires: _____

7. Is the Applicant claiming exemption from the registration fee? (Please see instructions) Yes No

8. Registration Renewal Fee enclosed: \$ _____. Make all certified checks or money orders payable to "Commonwealth of Massachusetts."

ONLY CERTIFIED CHECKS OR MONEY ORDERS WILL BE ACCEPTED

Pursuant to Massachusetts General Laws Chapter 62C § 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required under law.

Signature of Applicant _____ Title held with applicant _____ Date _____

A FALSE ANSWER TO ANY QUESTION IN THIS APPLICATION CONSTITUTES
 GROUNDS FOR SUSPENSION OR REVOCATION OF THE APPLICANT'S
 REGISTRATION.



**Office of Consumer Affairs and Business Regulation
Home Improvement Contractor Registration Program
Ten Park Plaza, Suite 5170
Boston, MA 02116
(617)-973-8700**

PLEASE READ CAREFULLY

To All Home Improvement Contractors:

INSTRUCTIONS FOR COMPLETION OF RENEWAL FORM

IMPORTANT NOTICE: Applications will not be processed on a walk-in basis.
Please mail your renewal to the above address & allow thirty days for processing.
All applications will be processed in the order in which they are received.

It has come time for you to renew your Home Improvement Contractor Registration. In order to renew your registration, you must complete the enclosed application and return it to this office as soon as possible to prevent your registration from lapsing. The renewal application contains the information that was previously submitted to this office. If changes are necessary, please make them on the lines provided. Please read through this application completely. Please pay particular attention to the items listed below. **DO NOT FORGET TO SIGN AND DATE THE APPLICATION.**

Item 1: This **MUST** be the same name as is listed on your current registration. This is the name that must be used on all contracts. If you want this name changed, you must fill out an application for a new registration, and send it in a self addressed stamped envelope to the address above.

Item 2: If you are using a **DBA** that is different from that previously submitted, you **MUST** also submit a copy of the **DBA** certificate from the city or town clerk

Item 3: This is the business address of your business. M.G.L. c. 142A, §10(a) does not permit you to use a Post Office Box for your business address. You **MUST** indicate a street address for this Item 3.

Item 4: If you have more than one employee, there **MUST** be a federal identification number. For the purposes of this application, the number of employees includes all construction related employees who worked 20 or more hours on the payroll in the weekly pay period prior to the filing of this renewal form.

No Guaranty Fund payment is necessary for this renewal, unless you have increased the number of employees and have found your business in a new payment grouping based on the chart listed below. If the number of employees now places you in a new category, subtract the amount previously paid from the amount due and submit a **CERTIFIED CHECK** or **MONEY ORDER** for this amount.

Guaranty Fund Fees:

Zero to three employees	\$100.00
Four to ten employees	\$200.00
Eleven to thirty employees	\$300.00
More than thirty employees	\$500.00

Be sure to include all the proper documentation or the processing will be delayed. All payments must be made in the form of certified checks or money orders to the "Commonwealth of Massachusetts" and returned with this form. Payments for the Registration Fee and the Guaranty Fund must be made with separate checks.