



THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF CONSUMER AFFAIRS AND
BUSINESS REGULATION
10 Park Plaza, Suite 5170
Boston, MA 02116
**Application for Registration as a Home Improvement
Contractor or Sub-Contractor**
(MGL c. 142A; 201 CMR 18.00)

For OCABR Use Only.

Registration No:

Effective Date:

Expiration Date:

Reference:

ONLY CERTIFIED CHECKS OR MONEY ORDERS CAN BE ACCEPTED. ANY OTHER FORM OF PAYMENT, INCLUDING BUT NOT LIMITED TO PERSONAL OR BUSINESS CHECKS, WILL BE RETURNED AS INELIGIBLE.

1. NAME OF APPLICANT: _____
(MUST BE A LEGAL ENTITY --- INDIVIDUAL, CORPORATION, LLC, PARTNERSHIP, LLP, TRUST, ETC.)
2. APPLICANT TYPE: INDIVIDUAL() CORPORATION/LLC() PARTNERSHIP/LLP() TRUST()
(MUST BE THE SAME LEGAL ENTITY IDENTIFIED IN #1 --- FOR DBA APPLICANTS, ALSO SEE #9)
3. NUMBER OF EMPLOYEES: _____
(NOT INCLUDING APPLICANT)
4. APPLICANT SOCIAL SECURITY #: _____ FEDERAL TAX ID #: _____
(IF APPLICABLE; PLEASE SEE ATTACHED INSTRUCTIONS)
5. APPLICANT PHONE #: _____ APPLICANT EMAIL ADDRESS: _____
6. MAILING ADDRESS: _____
STREET CITY STATE ZIP
7. PERMANENT ADDRESS: _____
STREET CITY STATE ZIP
(PLEASE NOTE THAT A P.O. BOX IS NOT ACCEPTABLE FOR PERMANENT ADDRESS. YOU MUST LIST A STREET ADDRESS.)
8. IF THE APPLICANT IS A CORPORATION, LLC, PARTNERSHIP, LLP, OR TRUST, PLEASE PROVIDE THE NAME, ADDRESS, SOCIAL SECURITY #, AND TITLE OF THE INDIVIDUAL WHO WILL BE RESPONSIBLE FOR ITS WORK
(PLEASE SEE ATTACHED INSTRUCTIONS; ADDITIONAL DOCUMENTATION REQUIRED):

LAST FIRST SOCIAL SECURITY # TITLE
9. IF APPLICANT IS DOING BUSINESS UNDER A D/B/A, PLEASE PROVIDE ITS NAME. IF LOCATED IN MASSACHUSETTS, ATTACH A COPY OF THE FICTITIOUS NAME CERTIFICATE FILED WITH THE CITY OR TOWN CLERK:
DBA NAME: _____
10. (a) DOES THE APPLICANT OR RESPONSIBLE INDIVIDUAL HOLD ANY OTHER CONSTRUCTION-RELATED STATE, CITY OR TOWN LICENSES OR REGISTRATIONS? ____ YES ____ NO

(b) IF YES, PLEASE FILL IN INFORMATION BELOW. ATTACH ADDITIONAL SHEETS IF NECESSARY.

LICENSE TYPE	ISSUED BY	LICENSE/REG. #	EXP. DATE	LICENSEE NAME

- 11. LIST ALL PARTNERS, TRUSTEES, OFFICERS, DIRECTORS, AND MAJOR OWNERS (10% OR GREATER OF OWNERSHIP) OF AN APPLICANT PARTNERSHIP OR CORPORATION, BELOW. USE ADDITIONAL PAPER IF NECESSARY AND INCLUDE NEEDED PAPERWORK (SEE INSTRUCTIONS). PLEASE INDICATE BY AN "X" IN THE LAST COLUMN THOSE INDIVIDUALS WHO REQUIRE AN APPLICATION FOR ADDITIONAL REGISTRATION I.D. CARDS. USE ADDITIONAL SHEETS IF NECESSARY.**

FULL NAME	TITLE	% OWNER	ADDRESS	SUPP. CARD

- 12. (a) HAVE YOU BEEN REGISTERED PREVIOUSLY AS A HOME IMPROVEMENT CONTRACTOR? ___ YES ___ NO**

- (b) IF YES, PLEASE PROVIDE THE NAME AND REGISTRATION NUMBER UNDER WHICH YOU WERE PREVIOUSLY REGISTERED:**

NAME: _____ HIC REGISTRATION #: _____

- 13. (a) ARE YOU CURRENTLY OR HAVE YOU EVER BEEN AN OFFICER, PARTNER, OR CO-VENTURER OF AN APPLICANT WHO PREVIOUSLY APPLIED FOR OR HELD A HOME IMPROVEMENT CONTRACTOR REGISTRATION? ___ YES ___ NO**

- (b) IF YES, PLEASE PROVIDE THE NAME OF THE APPLICANT/REGISTRANT AND THE REGISTRATION NUMBER:**

NAME: _____ HIC REGISTRATION #: _____

- 14. (a) ARE YOU CURRENTLY OR HAVE YOU PREVIOUSLY BEEN EMPLOYED BY A REGISTRANT OR APPLICANT FOR REGISTRATION AGAINST WHICH DISCIPLINARY ACTION WAS TAKEN? ___ YES ___ NO**

- (b) IF YES, PLEASE PROVIDE THE NAME OF THE APPLICANT/REGISTRANT AND THE REGISTRATION NUMBER:**

NAME: _____ HIC REGISTRATION #: _____

- 15. (a) HAVE THERE EVER BEEN ANY FORMAL COMPLAINTS AGAINST YOU WHERE DISCIPLINARY ACTION WAS TAKEN BY THE DEPT. OF PUBLIC SAFETY OR CONSUMER AFFAIRS, OR ANY COURT JUDGMENTS OR ARBITRATION AWARDS ISSUED AGAINST YOU? ___ YES ___ NO**

- (b) DO YOU OWE MONEY TO THE GUARANTY FUND? ___ YES ___ NO**

IF YES TO EITHER, PLEASE IDENTIFY BY DATE, CASE NUMBER, OR DOCKET NUMBER: _____

ALL CONTRACTORS, INCLUDING CSL's WHO ARE APPLYING FOR A HIC REGISTRATION MUST PAY A REGISTRATION FEE OF \$150.00, AND A GUARANTY FUND FEE. (See instructions for Guaranty Fund fee schedule.)

16. REGISTRATION FEE ENCLOSED: \$ _____ GUARANTY FUND FEE ENCLOSED: _____

PLEASE INCLUDE TWO (2) SEPARATE CERTIFIED CHECKS OR MONEY ORDERS, ONE MARKED "REGISTRATION FEE" AND ONE MARKED "GUARANTY FUND." **ONLY CERTIFIED CHECKS OR MONEY ORDERS CAN BE ACCEPTED.** ANY OTHER FORM OF PAYMENT, INCLUDING BUT NOT LIMITED TO PERSONAL OR BUSINESS CHECKS, WILL BE RETURNED AS INELIGIBLE. **MAKE BOTH CHECKS PAYABLE TO "COMMONWEALTH OF MASSACHUSETTS."**

I hereby swear, under the pains and penalties of perjury, that all information set forth on this application and submitted in support hereof is true and accurate to the best of my knowledge. Further, I certify under G.L. c. 62C, §49A, that I am in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature of Applicant

If a corporation or partnership, position held. Date

**INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR REGISTRATION AS A HOME IMPROVEMENT
CONTRACTOR OR SUBCONTRACTOR**

Please refer to the following instructions for assistance in completing the Application for Registration as a Home Improvement Contractor or Subcontractor. NOTE: NOT ALL ITEMS ARE LISTED AS THEY ARE SELF-EXPLANATORY.

ITEM #:

1. **Name:** The name on the application must be the legal name of the applicant, not a DBA of other fictitious name under which you are doing business. If you are renewing a previous registration, the name cannot be a different name than used for the previous registration. If you wish to register using a different name you must file a new registration application and pay the initial registration fee as well as pay the required Guaranty Fund amount.
2. **Applicant type:** Applicants must identify themselves by the type of legal entity they wish to register for home improvement contracting.
3. **Number of Employees:** The number of employees must include all construction-related employees who worked 20+ hours or more on the payroll in the weekly pay period prior to the filing of this renewal form. Businesses that are renewing a registration and have increased the number of employees since the previous registration may need to pay an additional amount into the Guaranty Fund pursuant to M.G.L. c. 142A, § 11.
4. **Federal Tax ID:** Applicant partnerships and corporations **must** submit a Federal Tax I.D. number. Even if the applicant is an individual, he or she must submit a Federal Tax I.D. number if they have employees in addition to the owner.
8. **Responsible individual:** If the Applicant is a corporation or partnership, M.G.L. c. 142A, §9(c) requires an individual to be designated as the person who will be responsible for the corporation's or partnership's work. The identifying information applicable to that designated person must be entered here.
9. **Company name:** An applicant doing business under a name other than the applicant's legal name **must** submit a business certificate issued by the city or town. This provision applies only to business located within Massachusetts.
11. **Corporate and Partnership Information:** Corporations or partnerships listing partners, owners, etc. must provide an official document that lists the information entered here. The document may be any one of the following: pertinent sections of the Articles of Organization, a current annual report; or registration with the Secretary of State as a foreign corporation. (Information on these documents can be found on www.sec.state.ma.us.) Organizations other than corporations must submit copies of a business certificate filed in the city or town where the business is located, pursuant to M.G.L. c. 110, §5.
13. **Prior Affiliations:** Applicants must provide the name(s) of any businesses registered pursuant to M.G.L. chapter 142A and 780 CMR R6 in which the applicant was an officer, partner, or co-venturer. Attach additional sheets as necessary.
14. **Prior Disciplinary Action:** Applicants must provide the name(s) of any businesses against which disciplinary action was taken by the Department of Public Safety or the Office of Consumer Affairs and Business Regulation that the applicant is currently or was once employed by. Attach additional sheets as necessary.
16. **Fees:** CHANGE IN LAW ABOLISHED CSL'S HIC REGISTRATION EXEMPTION. ALL CONTRACTORS APPLYING FOR A HIC REGISTRATION MUST PAY A REGISTRATION FEE OF \$150.00. Enclose a **certified check or money order for the Registration Fee** and a **separate certified check or money order for the Guaranty Fund Fee** in the amount indicated below. **Make both checks and money orders payable to the "Commonwealth of Massachusetts."**

Registration Fee: \$150.00 -- Valid for two (2) years from date of issuance.

Guaranty Fund Fee: Applicants must pay the amount that corresponds with the number of their employees:

Zero to three (3) employees:	\$100.00
Four (4) to ten (10) employees:	\$200.00
Eleven (11) to thirty (30) employees:	\$300.00
More than thirty (30) employees:	\$500.00

Completed applications, Registration Fees, and Guaranty Fund payments should be mailed to:

**OCABR--Home Improvement Registration Program 10
Park Plaza, Suite 5170
Boston, MA 02116**