



Commonwealth of Massachusetts Board of Library Commissioners

98 North Washington Street, Suite 401, Boston, MA 02114
(800) 952-7403 in state (617)725-1860 (617)725-0140 fax

APPLICATION FOR REPLACEMENT CERTIFICATE OF LIBRARIANSHIP

To: _____

From: **State Aid and Data Coordination Unit**

Date: _____

Please fill out the following information so that we may issue you a new Certificate of Librarianship.

Name which appeared on original certificate:

LAST FIRST MIDDLE

Name as you would like it to appear on replacement certificate (if different than above):

LAST FIRST MIDDLE

Original certificate date (approx):_____

Certificate number (if known):_____

Current address and phone number:_____

Reason for replacement certificate:_____

Signature

Please include a \$30.00 check or money order payable to the Commonwealth of Massachusetts with this application. Thank you.