

# Massachusetts Libraries

## BOARD OF LIBRARY COMMISSIONERS

mass.gov/mblc

### APPLICATION FOR REPLACEMENT CERTIFICATE OF LIBRARIANSHIP

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

Name which appeared on original certificate:

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LAST

FIRST

MIDDLE

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

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LAST

FIRST

MIDDLE

<b>Original certificate date (approx.):</b>	
<b>Certificate number (if known):</b>	

<b>Current address:</b>	
<b>Email:</b>	
<b>Phone:</b>	

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Signature

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Date

**Please include a \$38.00 check or money order payable to the Commonwealth of Massachusetts with this application. Thank you.**