

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:

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:	
Email:	
Phone:	

Signature

Date

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