



**Commonwealth of Massachusetts
Division of Professional Licensure
Office of Private Occupational School Education
1000 Washington Street • Boston • Massachusetts • 02118**

CHANGE OF ADDRESS FORM

This form is to be used for changing the address of school's administrative offices and/or main campus. It must be completed and returned with all supporting materials at least **thirty days (30)** before closing existing site and opening new site. DPL will review this document and its attachments and, if approved, will return to the school an acknowledged copy.

This form may not be used to request approval for a new branch or to close a branch location; please see Branch Application Form and Branch Closure Form.

Operating Name of School _____

Former Address _____
Street City State Zip

Former Phone Number _____ Former Fax Number _____

Proposed New Address _____
Street City State Zip

New Phone Number _____ New Fax Number _____

Proposed Date of Change _____

Reason for Change _____

Return application with the following attachments:

- New d/b/a certificate from the city/town clerk, if applicable, for each branch
- Enrollment Agreement with new address (be sure to check our website for any updated language for the enrollment agreement)
- Surety with change of address
- Copy of the lease, signed by both the lessee(s) and the lessor(s), which also includes the lessor's name, address, and telephone number
- Floor Plan
- Building Inspection, including the use group
- Fire Inspection
- If teaching massage therapy, phlebotomy, or colon hydrotherapy at the new location, please attach copies of the local Board of Health approvals for each program at the new location.
- If teaching phlebotomy at the new location, please attach a copy of the school's medical waste disposal contract that includes the new location.
- The current occupational school license. DPL will issue a new license with the school's new address.



If there are changes to any of the following please submit at this time:

- Instructor List Equipment List Program and Course List

1. How will currently enrolled students be notified of the change in location? _____
(Please attach a copy of the notification letter)
2. What options are available to currently enrolled students unable to participate at the new location? _____
(Please attach a copy of the notification letter)
3. Will students be eligible to participate in existing or new state or federal financial aid programs at this new location? Yes No
List financial aid program eligibility: _____
4. Notification of this address change has been updated with the following departments. If the notification does not apply to your school, please mark "N/A" in the space provided for the date.
 - The Office of the State Auditor was notified of this change of address on _____(date). Please copy them on this correspondence and its attachments. (Their phone number is 617-727-6200.)
 - If Section 30 approved, The Department of Unemployment Assistance was notified on _____ (date).
 - If Title IV approved, the United States Department of Education was notified on _____ (date). (Their phone number is 617-223-9338.)
 - If teaching a nurse aide training program, The Department of Public Health, Nurse's Aide Registry was notified on _____ (date). (Their phone number is 617-753-8142.)
 - If teaching an LPN program, the Board of Registration for Nursing was notified on _____ (date). (Their phone number is 617-973-0800.)
 - If teaching CDL-A courses, the Registry of Motor Vehicle's Vehicle Safety and Compliance Division was notified on _____ (date). (Their phone number is 617-351-9109.)
 - If teaching electrical courses, the Board of Registration of Electricians was notified on _____ (date). (Their phone number is 617-727-9931.)
 - If teaching plumbing, the Board of Registration for Plumbers was notified on _____ (date). (Their phone number is 617-727-9952.)

This application contains no misrepresentations or falsehoods. Misrepresentations or falsehoods shall be sufficient cause for denial or revocation of this school's license(s) to operate a private occupational school.

Signed under the penalties of perjury.

Signature*

Date

Title

School

*This document must be signed by the owner, director, or authorized agent.

To ensure timely delivery, please address all correspondence as follows:

Massachusetts Division of Professional Licensure
Office of Private Occupational School Education
 1000 Washington Street, Suite 710, Boston, MA 02118-6100

For DPL Use Only:	
Acknowledged By: _____	Date: _____
Copy sent to: Tom Meagher, Office of the State Auditor, One Ashburton Place, Boston, MA 02108	