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Board of Registration of Professional Engineers
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REGULATION

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DUPLICATE WALL CERTIFICATE REQUEST FORM

Candidates seeking a duplicate wall certificate should submit this form along with a certified check, money order or credit card payment in the amount of \$25.00, made payable to Professional Credential Services, to the address shown below (use the attached form).

Name: *(please print or type)* _____

Address: _____

License/Certificate No. _____

___ Engineer in Training Certificate

___ Surveyor in Training Certificate

___ Professional Engineer Certificate

___ Professional Land Surveyor Certificate

Please be advised that processing time may take approximately three to five months.

Mail form and fee to:
Professional Credential Services
C/O Massachusetts Coordinator
PO BOX 198728
Nashville TN 37219



Payment Form

Applicant Name: _____

Social Security # (Mandatory): _____ - _____ - _____

Three payment options are available: Company/Corporate/Certified Check, Money Order or Credit Card. If paying by Company/Corporate/Certified Check or Money Order, please make it payable to "PCS" for the total amount of the examination(s) you are applying to take. DO NOT staple your payment to this form. **Fees are non-refundable and non-transferable.**

Please check form of payment below

- ☐ Certified Check *(Please ensure the applicant's name is on the payment)*
- ☐ Money Order *(Please ensure the applicant's name is on the payment)*
- ☐ Credit Card

Authorized payment amount: \$ _____ please check one: ☐ Visa ☐ MasterCard

Card Number: _____ - _____ - _____ - _____ Exp: ____ / ____

Cardholder name: _____

Cardholder billing address: _____

Print name as it appears on account: _____

Authorized Signature: _____

Return this payment form with Application/Scheduling Form

Note: This document will be shredded after it has been processed.