



MASSACHUSETTS LICENSE Wall Certificate Request Form

As a licensed professional, you may order a wall certificate to commemorate this achievement. You may pay by credit card or a certified check/money order. PCS will print the wall certificate and send it to the Massachusetts Board of Registration for the appropriate signatures. The wall certificate(s) will then be mailed to you. Please indicate the number of wall certificates you would like to receive.

Profession: _____

Quantity _____ (\$15 per certificate)

SSN: _____

Name: _____

Please print your name and degree (optional) as it should appear on wall certificate(s)

Type of Payment: _____ Certified check or money order: Payable to PCS; please include your SSN on the front of your payment. Mail the completed form and payment to PCS.

_____ Credit card: Complete the information below. You may fax or mail the completed form to PCS.

Authorized payment amount: \$_____

Type of credit card: _____ VISA _____ MasterCard

Credit Card # _____ Expiration date _____

Print Name on Credit Card: _____

Current address:

Authorized Signature: _____ Date: _____

PCS
Attn: MA Coordinator
P.O. Box 198689
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Toll Free: 877.887.9727 Fax: 615.846.0153