



COMMONWEALTH OF MASSACHUSETTS
Division of Professional Licensure
Board of Registration of Real Estate Brokers and Salespersons
 1000 Washington Street, Suite 710
 Boston, MA 02118-6100
 Main Number (617) 727-2373
 Fax Number (617) 727-0139
 www.mass.gov/dpl

LICENSE REACTIVATION / CONTINUING EDUCATION FORM

THIS FORM IS NOT TO BE USED FOR EXPIRED LICENSES

Licensees holding a current, inactive license must use this form to change the license status to active. **You may check your license status on the Division of Professional Licensure’s public “[Check a License](#)” database.** Please note that it takes approximately four (4) to six (6) weeks to receive the wallet license in the mail. Please type or print your information legibly in the fields below. Illegible forms will not be processed.

Name:	
Street Address:	
City, State Zip Code:	
License Number and Type:	

I, the Broker or Salesperson named above, do state under the pains and penalties of perjury that I have satisfied the continuing education requirement of twelve (12) hours as provided for in MGL 112 sec. 87XXX1/2, for reactivation of the above referenced license, thereby entitling me to an active real estate license for the purposes of practicing real estate, as provided for in MGL chapter 112 sec. 87PP through 87DDD, inclusive.

Signature

Date

Please e-mail the completed form to realestateboard@state.ma.us or mail a hard copy to: Real Estate Board, 1000 Washington Street, Suite 710, Boston, MA 02118-6100. You will become active after the Board receives and reviews this form. Please allow a minimum of two (2) to three (3) business days for processing. No fee is required to reactivate.

YOU MAY NOT REINSTATE OR RENEW A LICENSE WITH THIS FORM. This form may only be used to re-activate a current inactive license. If you require a renewal form you must call 617-727-2373 or e-mail the Board at realestateboard@state.ma.us and request a duplicate renewal form. If your license has been expired for more than two (2) years you must submit a written request for reinstatement. The request **MUST** include your name, address, date of birth, last four (4) digits of your social security number only and signature.

