

Serial Number

The Commonwealth of Massachusetts

License Number

Department of Industrial Accidents



This is to Certify that _____

of _____, having conformed with the
provisions of sub-paragraph (_____) of section 25A of Chapter 152 of
the General Laws is hereby Licensed to be a

Self-Insurer

*This License is effective for a period of one year from the _____ day
of _____ 20____, at 12:01 A.M., unless sooner revoked.*

Director
Department of Industrial Accidents

THIS LICENSE MUST BE POSTED AT THE LOCATION OF BUSINESS