

The Commonwealth of Massachusetts

Serial Number

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