



CITY OF CAMBRIDGE

I, \_\_\_\_\_, HEREWITH PRESENT  
(name)

A COPY OF MASSACHUSETTS REGISTRATION CERTIFICATE # \_\_\_\_\_

FOR RECORDING BY THE CLERK OF THE CITY OF CAMBRIDGE, MASSACHUSETTS.

I INTEND TO CONDUCT THE PRACTICE OF MEDICINE IN THE CITY OF CAMBRIDGE AS  
FOLLOWS:

- \_\_\_\_\_ ELECTROLYSIS (Chapter 112 Section 87HHH)
\_\_\_\_\_ OPTOMETRIST (Chapter 112 Section 70)
\_\_\_\_\_ PODIATRIST/CHIROPODIST (Chapter 112 Section 21)

MY OFFICE OR USUAL PLACE OF BUSINESS IS LOCATED AT:

\_\_\_\_\_  
(address)
\_\_\_\_\_  
(city) (state) (zip code)

\_\_\_\_\_ I AM EXEMPT FROM FILING BECAUSE I AM NOT ENGAGED IN THE  
PRACTICE OF MEDICINE IN THE CITY OF CAMBRIDGE.

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APPLICANT'S STATEMENT

IN ACCORDANCE WITH THE PROVISIONS OF SECTIONS 21, 70, OR 87HHH OF  
CHAPTER 112 I HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT ALL  
INFORMATION ON THIS APPLICATION IS TRUE.

DATED \_\_\_\_\_

SIGNATURE
Licensees please do not write below this line.

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