

LICENSE No.  
**PI-9581**

*Matthew Fahy*  
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Director of Licensing

**Bureau of Security and  
Investigative Services**  
400 R STREET, SUITE 3080  
BOSTON, MASSACHUSETTS



**PRIVATE INVESTIGATOR**

License N° \_\_\_\_\_ Expiration \_\_\_\_\_

Signature *X* \_\_\_\_\_  
PPIPIA RECEIPT N° \_\_\_\_\_

**I M P O R T A N T**

1. Please include your LICENSE NO. on any correspondence to this office.
2. Notify the Division of Licensing of any name or address change in writing.
2. Report any loss immediately in writing to the Division of Licensing.
4. Please sign and carry the pocket identification card with you.

**Print on plain white paper.**

**Type appropriate information on card.**

Option 1: use built-in Acrobat form fields above.  
Option 2: delete default entries above and print prop "blank". Then put blank card into an actual typewriter, or use your choice of word-processor / page layout software with alternative fonts.

**After information is entered**, fold on dashed line and glue sides together. Trim on crop marks. Slightly rounded corners would be most authentic.

Don't forget the signature. Laminate if possible.

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