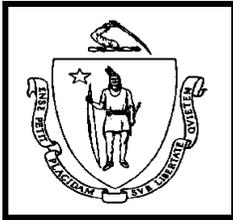


INSTRUCTIONS FOR COMPLETING APPLICATION FOR S-LICENSE RENEWAL

1. No person, firm or corporation shall engage in, advertise, or hold themselves or itself out as being engaged in the business of installing, repairing, or offering maintenance for security systems without possessing a security contractor's license ("S-license"). "Security systems" are defined as wires, conduits, apparatus, devices, fixtures, or other appliances installed and interconnected electrically or electronically to permit access control, proprietary signaling, surveillance and the detection of burglary, intrusion, holdup, or other conditions requiring response or the transmission of signals or audible alarms.
2. Applicants for licensure must submit a non-refundable fee of \$125.00, payable by check or money order to the "Commonwealth of Massachusetts." The fee must be received with the application in order for the application to be processed.
3. The application must be completed in full. Failure to complete the application in full will result in the application being returned to the applicant and no license issuing.
4. Pursuant to G.L. c. 147, §§58-59 the following documents are required and must accompany the application and fee:
 - a. One (1) copy of current Massachusetts electrician's license issued by the Board of State Examiners of Electricians;
 - b. A Criminal Offender Records Information (CORI) request form, completed and signed by the applicant;
 - c. One legible copy of a photo identification of the applicant bearing the applicant's signature (examples: passport, driver's license).
5. Applicants who want to have the license issued in the name of their company must specify that preference on the application. Failure to so specify will result in the license being issued in the name of the individual applicant. The license may not be transferred from one applicant to another if the applicant leaves the employ of the named company. In that case, the company must re-apply in the name of a new applicant.



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC SAFETY

PLEASE SUBMIT APPLICATION TO:
50 MAPLE STREET . MILFORD, MASSACHUSETTS 01757

APPLICATION FOR S-LICENSE RENEWAL

**A \$125.00 non-refundable fee, photo identification, and a copy of electrician's license must be submitted with this completed application.

NAME TELEPHONE NUMBER
RESIDENCE (STREET/NUMBER) (CITY/TOWN) (STATE) (ZIP CODE)
COMPANY NAME TELEPHONE NUMBER
BUSINESS ADDRESS (STREET/NUMBER) (CITY/TOWN) (STATE) (ZIP CODE)
NUMBER OF EMPLOYEES E-MAIL ADDRESS
DATE OF BIRTH PLACE OF BIRTH
MOTHER'S MAIDEN NAME
FATHER'S FULL NAME

PURSUANT TO MASSACHUSETTS GENERAL LAW CHAPTER 147, §59 ALL INDIVIDUALS APPLYING FOR AN S-LICENSE MUST DISCLOSE WHETHER THEY HAVE BEEN CONVICTED OF A FELONY.

HAVE YOU EVER BEEN CONVICTED OF A FELONY IN MASSACHUSETTS?

YES No

HAVE YOU EVER BEEN CONVICTED OF A FELONY IN A STATE OUTSIDE OF MASSACHUSETTS?

YES No IF YES, PLEASE SPECIFY WHICH STATE

DO YOU WANT THE LICENSE TO BE ISSUED IN THE NAME OF THE COMPANY OR YOURSELF? COMPANY MYSELF

CLEARLY PRINT NAME AS YOU WOULD LIKE IT TO APPEAR ON THE LICENSE

HAVE YOU REGISTERED YOUR BUSINESS NAME IN ACCORDANCE WITH MASSACHUSETTS GENERAL LAW C. 110, §5?

YES No

DO YOU REPRESENT AN AGENCY INCORPORATED OUTSIDE MASSACHUSETTS? YES No

IF YES, PLEASE PROVIDE NAME AND ADDRESS OF THE AGENCY:

APPLICANT'S SOCIAL SECURITY # (REQUESTED) APPLICANT'S FEDERAL I.D. #

I HEREBY ATTEST, UNDER THE PAINS AND PENALTIES OF PERJURY, THAT ALL INFORMATION SET FORTH ON THIS APPLICATION AND SUBMITTED IN SUPPORT THEREOF IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT DATE

AUTHORIZATION FOR RELEASE OF RMV PHOTO INFORMATION (MASSACHUSETTS RESIDENTS ONLY)

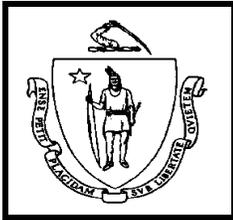
My signature below authorizes the Department of Public Safety to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database solely for use on this license/registration.

MA- RMV photo release signature

[] (OPTIONAL)

Please check here if English is not your primary language AND your ability to read, write, speak, or understand English is limited. If you checked the box, please indicate what your primary language is:

Table with 5 columns: Arabic, Chinese, French, German, Italian, Korean, Polish, Portuguese, Russian, Spanish, Tagalog, Vietnamese, Other



**THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC SAFETY**

PLEASE SUBMIT APPLICATION TO:
50 MAPLE STREET . MILFORD, MASSACHUSETTS 01757

CORI REQUEST FORM

The Department of Public Safety has been certified by the Criminal History Systems Board to access records of conviction and pending criminal case data for applicants for S-Licenses. As an applicant I understand that a criminal record check will be conducted by the Department for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

APPLICANT SIGNATURE

DATE

APPLICANT INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER ____ - ____ - ____

ADDRESS _____

