



Commonwealth of Massachusetts
Division of Professional Licensure
BOARD OF STATE EXAMINERS OF ELECTRICIANS
Electricians.board@mass.gov

APPLICATION FOR REINSTATEMENT OF EXPIRED LICENSURE
THIS FORM IS TO BE EMAILED TO THE BOARD.

Continuing education requirements for reinstatement of a lapsed/expired license are established at the Board of State Examiners of Electricians' regulations 237 Code of Mass Regulations (CMR) section 17.01 (3) and may be perused on the Board website at www.mass.gov/dpl/boards/el/cmr.htm. **Must provide additional documentation of your employment during the time of expiration.**

Clearly Print/type information:

License Number - License Expiration		License Number - License Expiration	
Date of Birth	SSN		
Last Name	First Name	Middle Init.	Generation/Suffix
Address <input type="checkbox"/> Check here for change of address			
City/Town		State	Zip
Email Address		Telephone No.	
Current Employer		Date of Hire	
Employers Address			

1. Has a licensing/certification board located in the United States or any country or foreign jurisdiction taken any disciplinary action against you? Yes No If yes, please provide detailed information.
2. Are you the subject of any open or pending disciplinary action by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes No If yes, please provide detailed information.
3. Have you ever voluntarily surrendered or resigned a professional license or entered into any agreements with a licensing/certification board in the United States or any country or foreign jurisdiction? Yes No If yes, please provide detailed information.
4. Have you ever admitted to or have been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction? Yes No If yes, please provide detailed information
5. Do you have any open/pending charges pertaining to a felony or misdemeanor in the United States or any country or foreign jurisdiction? Yes No
If yes, candidate must send in court documentation and write a letter explaining what happened, how it happened and what was the outcome. Without this paperwork, your application will be denied by the State Board. (use a separate sheet if necessary):

I hereby subscribe to and vouch for the statements made herein to be accurate and true in every respect and I am signing this document of my own free will without coercion this day of _____ 20_____

(Signature of Applicant)

Upon application review, the Board may request additional information or impose additional requirements for reinstatement, including continuing education, additional education and/or passing the appropriate License examination.

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to an initial CORI check and a subsequent CORI check within one year of the date this Form, and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

Board of Registration

License Type

NOTE: THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM WILL NOT BE ACCEPTED UNLESS IT HAS BEEN SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS COMPLETED THE "VERIFICATION BY NOTARY SECTION" ON PAGE TWO, DOCUMENTING THAT SAID NOTARY HAS VERIFIED THE IDENTITY OF THE SIGNER THROUGH SATISFACTORY EVIDENCE OF IDENTIFICATION.

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

*Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last **Six Digits** of Your Social Security Number: _____ - _____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

IDENTITY VERIFICATION SECTION: Prior to submission to the Board's application vendor, this Section must be completed.

VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:¹

- Passport State-issued driver's license Military identification State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:

Notary Commission Expires On _____