INSTRUCTIONS FOR COMPLETING APPLICATION FOR S-LICENSE

1. No person, firm or corporation shall engage in, advertise, or hold themself 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 $250.00, 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. Please provide three (3) reputable citizens of the commonwealth residing in the community in which the applicant resides or has a place of business, or the community in which the applicant proposes to conduct their business, that they have personally known the applicant for at least three years.

   d. 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.

6. Please mail a check, application, and accompanying documents to:

Department of Public Safety
Special Licensing
50 Maple Street
Milford, MA 01757

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC SAFETY

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

APPLICATION FOR S-LICENSE

**A $250.00 non-refundable fee, photo identification, and three recommendations 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.

_____

[ ] (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:

Arabic	Chinese	French	German	Italian
Korean	Polish	Portuguese	Russian	Spanish
Tagalog	Vietnamese	Other _____		

Revised Feb. 2016

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_____
_____
_____

Revised Feb. 2016

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC SAFETY

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

AFFIDAVIT REFERENCES

LICENSE APPLICANT NAME: _____

LICENSE TYPE: _____

DATE: _____

REFERENCE NAME: _____

PHONE NUMBER: _____ EMAIL: _____

YEARS KNOWN: _____

DATE: _____

REFERENCE NAME: _____

PHONE NUMBER: _____ EMAIL: _____

YEARS KNOWN: _____

DATE: _____

REFERENCE NAME: _____

PHONE NUMBER: _____ EMAIL: _____

YEARS KNOWN: _____

Revised Feb. 2016