



# Criminal Offender Record Information (CORI) Acknowledgment Form

THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 |



To be used by organizations conducting CORI checks for employment or licensing purposes.

The Massachusetts Department of Public Utilities – Transportation Oversight Division 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, or current licensees.

As a prospective or current license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to DCJIS. I hereby acknowledge and provide permission to the Massachusetts Department of Public Utilities – Transportation Oversight Division 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 Massachusetts Department of Public Utilities – Transportation Oversight Division with written notice of my intent to withdraw consent to a CORI check.

I also understand, that the Department of Public Utilities – Transportation Oversight Division 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 a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

*Signature of CORI Subject*

*Date*

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## A. Applicant Information

Please complete this section using the information of the person whose CORI you are requesting. The fields marked with an asterisk (\*) are required.

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_

Former Last Name #1 \_\_\_\_\_ Former Last Name #2 \_\_\_\_\_

Former Last Name #3 \_\_\_\_\_ Former Last Name #4 \_\_\_\_\_

\*Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Place of Birth \_\_\_\_\_ \*Last **SIX** digits of Social Security Number (SSN)?  
/ / - ☐ No SSN

Gender \_\_\_\_\_ Height (feet, inches) \_\_\_\_\_ Eye Color \_\_\_\_\_ Race \_\_\_\_\_

☐ M ☐ F \_\_\_\_\_

Driver's License of ID Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Mother's Full Name \_\_\_\_\_

Current Address

\* Residential Address (Where you actually reside)

Street \_\_\_\_\_ Apt. # \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ Zip Code \_\_\_\_\_

## A. Notarization Section – this section must be completed by a notary public

"On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, \_\_\_\_\_

(name of applicant) personally appeared, proved to me through satisfactory evidence of identification, which were

\_\_\_\_\_, to be the person who signed the preceding or attached document in my presence and who swore or

affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

Seal of Notary Public

Notary Public Signature \_\_\_\_\_

Commonwealth of Massachusetts

County of \_\_\_\_\_

Commission Expires: \_\_\_\_\_