



COMMONWEALTH OF MASSACHUSETTS

Division of Occupational Licensure Board of Registration of Home Inspectors

1 Federal Street, Suite 0600
Boston, MA 02110-2012
www.mass.gov/dpl

REQUEST FOR REINSTATEMENT APPLICATION

TO BE USED ONLY FOR LICENSES EXPIRED FOR MORE THAN ONE (1) YEAR.

All licensees requesting the Reinstatement Application must complete twenty-four (24) hours of continuing education before signing and returning the Reinstatement Application. Please see the boards rules and regulation 266CMR 3.02 (2) at mass.gov/dpl/boards/hi for full details.

Clearly Print/type information:

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

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):

The Board is certified by the Department of Criminal Justice Information Services to access data about convictions and pending criminal cases. Those records—and other Federal and professional records—may be checked as part of the licensing process. Please note you will be given an opportunity for a limited appearance before the Board.

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)

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

The Division of Occupational Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Occupational 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 Occupational 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 Occupational Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Occupational 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 **ad**

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