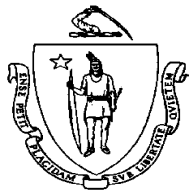


## **INSTRUCTIONS FOR COMPLETING APPLICATION FOR S-LICENSE**

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 \$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. Complete Affidavit Reference sheet
  - 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:

**Division of Occupational Licensure  
Office of Public Safety and Inspections  
1 Federal Street, Suite 600  
Boston, Massachusetts 02110**



# COMMONWEALTH OF MASSACHUSETTS

## DIVISION OF OCCUPATIONAL LICENSURE OFFICE OF PUBLIC SAFETY AND INSPECTIONS

PLEASE SUBMIT APPLICATION TO:

ONE FEDERAL STREET, BOSTON, MASSACHUSETTS 02110

### APPLICATION FOR S-LICENSE

\*\*A \$250.00 non-refundable fee, photo identification, and copy of electricians'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)**

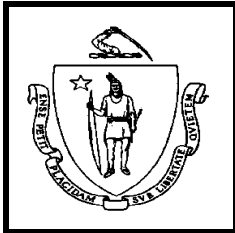
My signature below authorizes the Office of Public Safety and Inspections to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database solely for use on this license/registration.

\_\_\_\_\_

#### **[ ] (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 _____		



# COMMONWEALTH OF MASSACHUSETTS

## DIVISION OF OCCUPATIONAL LICENSURE OFFICE OF PUBLIC SAFETY AND INSPECTIONS

PLEASE SUBMIT APPLICATION TO:

ONE FEDERAL STREET, BOSTON, MASSACHUSETTS 02110

### 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: \_\_\_\_\_

**COMMONWEALTH OF MASSACHUSETTS**  
**One Federal Street, Suite 600**  
**Boston, MA 02110-2012**

**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:**

I understand that the Division of Occupational Licensure may conduct a subsequent CORI check within one year of the date this Form was signed by me. I understand that if my licensure is not completed within one year from the date of this authorization, I will be required to submit a new authorization form prior to licensure.

By signing below, I provide my consent to an initial CORI check and a subsequent CORI check, both within one year of the date of 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: DOL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DOL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.**

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

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*Last Name	*First Name	Middle Name	Suffix
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\*Maiden Name (or other name(s) by which you have been known)

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*Date of Birth	Place of Birth
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\* Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_

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

Current and Former Addresses:

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Street Number & Name	City/Town	State	Zip
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Street Number & Name	City/Town	State	Zip
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**IDENTITY VERIFICATION SECTION: If this form is submitted by hand at DOL Offices, Section A must be completed. Otherwise, Section B must be completed.**

**SECTION A: VERIFICATION BY DOL EMPLOYEE:** I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:<sup>1</sup>

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

VERIFIED BY: \_\_\_\_\_

Name of Verifying DOL Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying DOL Employee

\_\_\_\_\_  
Date

**SECTION B: 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:<sup>1</sup>

☐ 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

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<sup>1</sup> If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).