



COMMONWEALTH OF MASSACHUSETTS
DIVISION OF OCCUPATIONAL LICENSURE
OFFICE OF PUBLIC SAFETY AND INSPECTIONS

PLEASE SUBMIT APPLICATION TO:
ONE FEDERAL STREET, SUITE 600, BOSTON, MA 02110

ATTESTATION FOR CERTIFICATE OF CLEARANCE

This attestation statement must be completed by the employee and signed by the holder of the S License.

Please check **NEW** **Renewal**

Date: _____

Required Document:

- A non-refundable check made out to the Commonwealth of Massachusetts for \$50.00.
- A legible copy of a government issued identification (ex.: driver's license) bearing the employee's photograph and signature.
- CORI Request Form, completed and signed by the applicant.

PART 1. Employee Information

Full Name _____ Social Security # _____

Home address _____
(Street) _____ (City/Town) _____ (State) _____ (Zip Code) _____

Daytime Telephone No. _____ E-mail address _____

Name of Employer _____ Telephone No. _____

Employer's Address _____
(Street) _____ (City/Town) _____ (State) _____ (Zip Code) _____

Employee's job title and responsibilities _____

Date of Birth _____ Place of Birth _____

Mother's Full Maiden Name _____ Place of Birth _____

Father's Full True Name _____ Place of Birth _____

Has any signatory to this application ever been convicted of, or admitted to a felony or misdemeanor in the United States or any foreign jurisdiction, other than a traffic violation for which a fine of less than \$200.00 was assessed? Yes: No:

If yes, please state the details, including the name of the individual, the jurisdiction in which the events occurred, the dates of the events and of the court decisions, the charges, the verdict(s), and the sentences (use a separate sheet if necessary):

Please list the names and addresses of all of the applicant's employers for the three years preceding the date of this application. (Please attach a list if applicable)

Please list any professional licenses held by the employee. (Please attach a list if applicable)

I hereby attest under the pains and penalties of perjury that the above information is accurate.

Signature of employee

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.

MA – RMV photo release signature

I hereby attest under the pains and penalties of perjury that the above information was provided to me by the employee. To the best of my knowledge, all provided information is accurate.

Signature of S-License holder

S-license number

Expiration date of license

COMMONWEALTH OF MASSACHUSETTS
One Federal St, Suite 600
Boston, MA 02110

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)

*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 _____

* 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: 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:¹

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: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

¹ 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).