



Commonwealth of Massachusetts
Division of Occupational Licensure
Office of Private Occupational School Education
1 Federal Street • Boston • Massachusetts • 02110

SCHOOL OWNER INFORMATION

Each prospective school owner, and each owner of renewing schools must complete this document.

1. _____
FIRST NAME MI LAST NAME
2. _____
ADDRESS CITY/TOWN ZIP CODE
3. _____
TELEPHONE EMAIL
4. _____
DATE OF BIRTH PLACE OF BIRTH MAIDEN NAME/OTHER NAME
5. SOCIAL SECURITY NUMBER: _____ - _____ - _____
Pursuant to G.L. c. 62C, § 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.
6. Has any disciplinary action been taken against you by a licensing or certification board located in the United States or any other country or foreign jurisdiction?
☐ Yes ☐ No
If yes, please state the details. (Use a separate sheet if necessary.): _____

7. Are you the subject of pending disciplinary actions by a licensing board located in the United States or any other country or foreign jurisdiction?
☐ Yes ☐ No
If yes, please state the details. (Use a separate sheet if necessary.): _____



8. Have you ever voluntarily surrendered or resigned a professional license to a licensing or certification board in the United States or any other country or foreign jurisdiction?
☐ Yes ☐ No
If yes, please state the details. (Use a separate sheet if necessary.): _____

9. Have you ever applied for and been denied a professional license in the United States or any other country or foreign jurisdiction?
☐ Yes ☐ No
If yes, please state the details. (Use a separate sheet if necessary.): _____

10. Have you ever been convicted of a felony or misdemeanor in the United States or any other country or foreign jurisdiction (other than a traffic violation for which a fine of less than \$100.00 was assessed)?
☐ Yes ☐ No
If yes, please state the details. (Use a separate sheet if necessary.): _____

Pursuant to M.G.L. c. 112, s. 263, DPL may have access through the Department of Criminal Justice Information Services to data about convictions and pending criminal cases of all school principals, owners, directors, officers, and members of the business entity, as appropriate for the organizational ownership of the school. No records are automatic disqualifiers; you will be given an opportunity to explain any possible disqualifiers.

11. I further attest that, pursuant to G.L. c. 62C, § 49A, to the best of my knowledge and belief, I have complied with all the required laws relating to taxes, reporting of employees and contractors, and child support.

I understand that this information is supplied certify, under pains and penalties of perjury, and that failure to provide accurate information may be grounds for the Massachusetts Division of Professional Licensure to deny me the right to be licensed, or to suspend or revoke a license issued to me.

Signature Of Applicant

Current Date

Printed Name of Applicant

This document may be uploaded as part of the school's online application for initial or renewal, or this document may be mailed or faxed to DOL. However, **never** email documents with confidential personal information to DOL as email is **not** a secure delivery method.

COMMONWEALTH OF MASSACHUSETTS
1 Federal Street, Suite 0600
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.

When you have completed these forms, please return them to your administration so that they may submit them to the DOL.

FOR APPROVAL PURPOSES ONLY:

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

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 OFFICE OF PRIVATE OCCUPATIONAL SCHOOL EDUCATION, 1 FEDERAL STREET, SUITE 0600, BOSTON, MA 02110.

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: 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:[†]

☐ 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).

**SEXUAL OFFENDER RECORD INFORMATION (SORI)
ACKNOWLEDGEMENT FORM**

This form is to be completed by the *applicant*, not the *school*.

As a prospective or current school instructor, a SORI check will be submitted for my personal information to the Sexual Offender Registry Board (“SORB”) by the Division of Occupational Licensure (DOL) prior to my approval and an ongoing basis.

Please provide the information requested below. As part of the SORI check, DOL requires the full Social Security Number and Date of Birth of each applicant. If you have questions or concerns about the information requested below, please do not hesitate to contact DOL staff at 617-727-5811 or via email at occupational.schools@mass.gov.

*Full Name: _____
(Please print clearly)

*School Name: _____

*Date of Birth: ____/____/____ *Full Social Security Number: ____-____-____

*Phone Number: ____-____-____ *Email Address: _____

When you have completed these forms, please return them to your administration so that they may submit them to the DOL.

By signing below, I understand and acknowledge that a SORI check will be submitted for my personal information to the Sexual Offender Registry Board (“SORB”) by the Division of Occupational Licensure (DOL) prior to my approval and an ongoing basis.

Signature

Date