



## RMV C.O.R.I. Request Form for Participants in the Electronic Vehicle Registration Program (EVR Program)

The Massachusetts Registry of Motor Vehicles (RMV) has been certified by the Massachusetts Criminal History Systems Board (CHSB) for access to conviction and pending criminal case data known as *Criminal Offender Record Information*, or *CORI*. The RMV requires a CORI check for each person seeking to participate or currently participating in the EVR program as an End User/Permittee or as an authorized employee of an EVR dealer or insurance agency. The purpose of the CORI check is to help satisfy the RMV that you are eligible to participate in the EVR program. Your application will not be considered unless it includes your consent to the CORI review. Note: If you have lived for more than six months in the last ten years in any other state, please provide the dates and the addresses where you resided (attach an additional page if necessary).

**\*Non-Massachusetts residents: If you are not a resident of Massachusetts, you are required to submit a certified CORI from the state in which you reside, along with this completed form.**

Name of EVR Business:	Address of EVR Business
Tel #	CVR _____ Dealer Track _____ [Service Provider (Check only one)]
Fax #	

**Consent:** I understand that a *Criminal Offender Record Information* (CORI) check will be conducted of my background for any convictions and pending criminal case information only and that it will not necessarily disqualify me. By my signature below, I acknowledge and consent to this initial CORI check and understand that a new CORI check will be required prior to each renewal (if my participation in the EVR program is approved). The information I have provided below is correct to the best of my knowledge.

Signature of Applicant	Printed Name (First, Middle and Last Name)	
Maiden Name or Alias	Place of Birth (City & State)	Date of Birth
Mother's Maiden Name	Applicant's Social Security Number	ID Theft Index PIN* (if applicable)

\*Current Address: No. & Street; Apt or Unit No; City/town; State & Zip Code; How long?

Previous Address: No. & Street; Apt or Unit No; City/town; State & Zip Code; How long?

Your Description: Sex: M \_\_\_ F \_\_\_ Height: \_\_\_ft. \_\_\_in. Weight: \_\_\_\_\_lbs. Eye Color: \_\_\_\_\_

Your Driver's License No. \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**FOR RMV USE ONLY:**

Date Received by RMV: \_\_\_\_\_ Received by: \_\_\_\_\_

\* The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this ID Theft Index PIN No. field are required to be submitted to the CHSB via mail.

Record Attached: \_\_\_\_\_ No Record: \_\_\_\_\_ Checked By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disqualified: \_\_\_\_\_