



**Commonwealth of Massachusetts  
Division of Professional Licensure  
Office of Private Occupational School Education  
1000 Washington Street • Boston • Massachusetts • 02118**

**SALES REPRESENTATIVE INFORMATION FORM**

Each prospective sales representative must each complete this form. The school must submit this fully executed document along with the Sales Representative Application for Licensure or online renewal.

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. Do you hold a sales representative license, or its equivalent, to solicit student enrollments for any other either in-state or out-of-state school?

Yes  No

If yes, please state the name and location of each school. (Use a separate sheet if necessary.): \_\_\_\_\_

\_\_\_\_\_

7. 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.): \_\_\_\_\_

\_\_\_\_\_



8. 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.): \_\_\_\_\_

\_\_\_\_\_

9. 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.): \_\_\_\_\_

\_\_\_\_\_

10. 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.): \_\_\_\_\_

\_\_\_\_\_

11. 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.): \_\_\_\_\_

\_\_\_\_\_

Please note that pursuant to G.L. c. 112, § 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. Those records and other Federal and professional records may be checked as part of the licensing process. No records are automatic disqualifiers; you will be given an opportunity to explain any possible disqualifiers.

12. 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.

13. I understand that this information is supplied, 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