The Commonwealth of Massachusetts
Department of Public Safety

One Ashburton Place, Room 1301
Boston, Massachusetts 02108-1618
Phone (617) 727-3200
Fax (617) 727-5732

CORI REQUEST FORM

Massachusetts Department of Public Safety has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data on owner/operators of amusement and/or traveling carnivals for licensing purposes. As an applicant I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

_____

APPLICANT/EMPLOYMENT INFORMATION (PLEASE PRINT)

_____ _____ _____
LAST NAME FIRST NAME MIDDLE NAME

_____ _____
MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

_____ _____-_____-_____ _____
DATE OF BIRTH SOCIAL SECURITY NUMBER (Required) MOTHERS MAIDEN NAME

CURRENT ADDRESS_____

SEX: _____ HEIGHT: ___ft.___in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

Include a copy of your driver's license or Government issued identification

***THE ABOVE INFORMATION WAS VARIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

_____

REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE