TOWN OF BRAINTREE
BOARD OF LICENSE COMMISSIONERS
One JFK Memorial Drive
Braintree, Massachusetts 02184
Tel: 781-794-8151 Fax: 781-794-8128

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Joseph C. Sullivan
Mayor

CORI REQUEST FORM

The Board of License Commissioners has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for _____, 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/EMPLOYEE SIGNATURE

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME	FIRST NAME	MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)	PLACE OF BIRTH

DATE OF BIRTH	SOCIAL SECURITY NUMBER (Requested, not required)	***ID Theft Index PIN (if applicable)**	MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

_____

_____

_____

SEX:_____ HEIGHT:_____ft._____in. WEIGHT:_____ EYE COLOR:_____

STATE DRIVER'S LICENSE NUMBER: _____
(include state of issue)

***THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

* 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 the 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 field are required to be submitted to the CHSB via mail or by fax to 617-660-4614