



City of Chicopee, Massachusetts

License Commission

City Hall Annex – 274 Front Street – Chicopee, MA 01013
Tel: (413) 594-1530 Fax: (413) 594-1531

CRIMINAL OFFENDER RECORD INFORMATION (CORI)

STATE AND FEDERAL CRIMINAL RECORD INFORMATION ACKNOWLEDGEMENT FORM

The Chicopee License Commission is registered under the provisions of M.G.L. c.6, § 172 to receive criminal offender records for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a prospective or current employee, license applicant or current licensee, I understand that a state and federal background check will be submitted for my personal information to DCJIS and the Chicopee Police Department. I hereby acknowledge and provide permission to Chicopee License Commission to submit a state and federal check for my information to the DCJIS and the Chicopee Police Department. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Chicopee License Commission with written notice of my intent to withdraw consent to a federal and state criminal background check.

The Chicopee License Commission may conduct subsequent criminal background checks within one year of the date this form was signed by me provided, however, that Chicopee License Commission must first provide me with written notice of this check.

By signing below, I provide my consent to a state and federal criminal record offender check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE



City of Chicopee, Massachusetts License Commission

City Hall Annex – 274 Front Street – Chicopee, MA 01013
Tel: (413) 594-1530 Fax: (413) 594-153

STATE AND FEDERAL CRIMINAL OFFENDER REQUEST FORM SUBJECT INFORMATION

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 (Required by the Police Department): _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number& Name City/Town State Zip

Street Number& Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government issued identification:

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee