



Deval L. Patrick, Governor  
 Timothy P. Murray, Lt. Governor  
 Richard A. Davey, Secretary & CEO

**massDOT**  
 Massachusetts Department of Transportation

**CORI REQUEST FORM**

Massachusetts Department of Transportation has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the position \_\_\_\_\_, 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
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_____ Maiden Name or Alias (If Applicable)	_____ Place of Birth
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_____ Date of Birth	_____ Social Security Number (Requested, not required)	_____ ID Theft Index PIN* (If Applicable)
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\_\_\_\_\_  
 Mother's Maiden Name

Current and Former Adresses:

\_\_\_\_\_

\_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ *ft.* \_\_\_\_\_ *in.* \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

State Driver's License Number: \_\_\_\_\_  
 (Include State of Issue)

\*\*\*The above information was verified by reviewing the following form of government issued photographic identification: \_\_\_\_\_

Requested By: \_\_\_\_\_  
 Signature of CORI Authorized Employee

\*The CHSB Identify 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.**

Ten Park Plaza, Suite 3170, Boston, MA 02116  
 Tel: 617-973-7000, TDD: 617-973-7306  
[www.mass.gov/massdot](http://www.mass.gov/massdot)