The Commonwealth of Massachusetts
Department of State Police/Certification Unit
485 Maple Street, Danvers, MA 01923
(978) 538-6128

RELATIVE TO APPOINTMENT OF SPECIAL STATE POLICE OFFICERS AND LICENSURE FOR PRIVATE INVESTIGATORS AND WATCHMEN

PLEASE ACCURATELY COMPLETE THE FOLLOWING INFORMATION:

(Print clearly in ink or type)

NAME:_____
First Name Middle Initial Last Name

PREVIOUS NAME OR ALIAS (Include Maiden name):_____

RESIDENTIAL ADDRESS:_____
(Not a Post Office Box) Number Street

_____
City/Town State Zip Code

MAILING ADDRESS (If Different):_____

HAVE YOU EVER RESIDED IN ANOTHER STATE?_____ IF YES, WHERE?_____

SOCIAL SECURITY NUMBER:_____ DRIVERS LICENSE NUMBER:_____

DATE OF BIRTH: /_____/_____ PLACE OF BIRTH:_____

I, _____, do hereby authorize the full and complete disclosure and/or release of all records and information, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Department of State Police, whether the said records are public, private and/or confidential in nature.

The intent of this authorization is to provide full and free access, now and during the entire period of any resulting appointment or licensing and/or any renewal period thereof, to the background and history of my personal and professional life for the specific purposes of investigations which may provide pertinent data for the Department of State Police. It is my specific intent to provide full access to and disclosure of information and records relating to me, confidential or not, and the sources of such information specifically identified therein, including but not limited to: Records of educational institutions; Federal and State income tax records; Employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; Records relating to applications for or the issuance of any license, including but not limited to a license to conduct business in any capacity, to possess, carry or use firearms, to operate a motor vehicle and/or records relevant to the revocation, suspension, or maintenance of any such license; Records of complaints, arrests, trials, and/or convictions for alleged or actual violations of the law, including but not limited to incident and investigative reports of law enforcement agencies; Criminal, civil and/or traffic records; Records of any violation of military code or law any appearance before a military court or tribunal; Records of complaint of a civil nature made by or against me; & Any other records, information, or material, wherever held or maintained, that are relevant or material to my application for appointment or licensing. I understand that all material pertaining to this background investigation shall become the property of the Department of State Police and will not be provided to or returned to me.

I agree to indemnify and hold harmless any person to whom this request is presented, as well as their agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information will not be revealed to me.

I understand a photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

On this, the _____ day of _____, 20___, before me, the undersigned Notary Public, personally appeared _____, proved to me through satisfactory evidence of identification, which was/were _____ to be the person whose name is signed on this document and who swore or affirmed to me that the contents of the Document are truthful and accurate to the best of his/her knowledge and belief.

Notary Public _____

Signature:_____

Street Address_____

City:_____

State:_____

Zip Code:_____