

City of Medford



BOARD OF HEALTH

City Hall - Room 311
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Medford, Massachusetts 02155

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KAREN L. ROSE, RN,c.BA,MS
Director

Date _____

The Criminal History Systems Board for access to conviction and pending criminal case data has certified Medford, MA Board of Health.

As an applicant for a _____ (Body Art) Practitioner license, 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 Signature

APPLICANT INFORMATION (PLEASE PRINT)

LAST NAME NAME	FIRST NAME	MIDDLE
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MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH _____ SOCIAL SECURITYNUMBER _____

CURRENT ADDRESS _____

ALL FORMER ADDRESSES: _____

SEX: ___ HEIGHT: ___ ft. ___ in. WEIGHT: ___ EYE COLOR _____

STATE DRIVER'S LICENSE NUMBER:

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

REQUESTED BY:

SIGNATURE OF CORI AUTHORIZED EMPLOYEE