

# City of Medford



## BOARD OF HEALTH

City Hall - Room 311  
85 George P Hassett Drive  
Medford, Massachusetts 02155

Telephone  
(781) 393-2560  
FAX: (781) 393-2562  
TDD: (781) 393-2516

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

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### APPLICANT INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME  
NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

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