

CORI REQUEST FORM (MA residents only)

Rhode Island Department of Business Regulation has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As a non-resident insurance adjuster and/or insurance appraiser licenses applicant, 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

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME/ALIAS (if applicable)

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER (last six digits only): XXX - ____ - ____

CURRENT ADDRESS: _____

IF REQUESTED BY SOMEONE OTHER THAN THE APPLICANT, PLEASE COMPLETE THE FOLLOWING:

NAME OF REQUESTOR

SIGNATURE OF REQUESTOR

THIS FORM IS USED FOR MA RESIDENTS ONLY

Revised 05/01/2017