Ι,			, (management)
certify that I am an auth	orized		
representative of:			(employer)
I also certify that I or an	other authorized		
representative of			(employer)
will view and make a co	ppy of a Government iss	ued photographic ide	ntification of each
applicant or employee t	hat we request a C.O.R	.I. (Massachusetts St	atewide Criminal
History Search) on. This search.	s will satisfy the Massac	husetts State require	ments to process this
We will keep this copy of	on file for possible state	auditing purposes.	
Koop and dopy (on me for pecchole class	addining parpososi	
Dated:	·		
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Dated: be completed by End-User Agreed to by:	; ;		
Dated: be completed by End-User	· ··	Title	
Dated: be completed by End-User Agreed to by: (please print)	· ·:	Title	