



## THE CITY OF BROCKTON APPLICATION FOR APPOINTMENT AS CONSTABLE FOR THE CITY OF BROCKTON

### GENERAL PROVISIONS

The POST Commission Act subjects constables who effectuate arrests to the same rules, regulations and training required of police officers. In response, the City has revised its Constable Application effective January 2025. The City's updated Constable Application will apply to both new applicants and current constables seeking reappointment in the City of Brockton.

Before submitting an application, it is important to understand the key changes to the allowable activities a constable may perform on behalf of the City. These revised General Provisions will apply to all constables going forward. The most prominent change to the City's General Provisions is that constables are no longer permitted to make arrests of any kind, with or without a capias. The POST Commission has made it clear that as long as constables do not make arrests, or otherwise act in a manner that gives the public the impression they are a member of law enforcement, the POST Commission training requirements will not apply. Accordingly, constables are only permitted to serve civil process throughout the City. Constables are prohibited to carry firearms without written consent from the Chief of Police, operate a vehicle with blue lights, query DCJIS or CORI databases, use physical force while serving civil process, display a badge, or act in any manner that implies that the constable is an employee of the Brockton Police Department or other law enforcement agency.

Additional updates have been made to the City's background check requirements for both new applicants and constables seeking reappointment. All background checks will now be conducted by the Chief of Police or their designee. The background check is more comprehensive than it has been in the past. In addition to reviewing an applicant's Federal and State criminal history, the Chief of Police or their designee will seek to review an applicant's Board of Probation record, RMV driving history, and Department of Mental Health records. Accordingly, please see the applicable acknowledgments and authorization forms included with the City's Constable Application. Please make sure to review the revised Application in its entirety before submission. The City thanks you for your interest in serving your community as a constable.

The following guidelines and procedures shall be adhered to strictly in applying to the City of Brockton for an appointment of "constable," pursuant to M.G.L. c. 41 §§ 91, 91A, 91B, and 95A as well as City Ordinances, §§ 2-160 and 11-200.

1. The Mayor appoints constables, with City Council confirmation required, upon the recommendation of the Chief of Police or their designee..
2. The term of appointment shall be up to three (3) years.
3. There is a non-refundable application fee of Two Hundred Fifty Dollars (\$250.00)
4. There is a fee of Twenty Dollars (\$20.00) per year of appointment (due and payable upon City Council confirmation).
5. Before you are sworn in as Constable for the City of Brockton, you will be required to provide the City Clerk with an original Constable Bond in the amount of \$5,000.00.
6. All constables shall be residents of the City of Brockton during their tenure, with the exceptions of constables holding appointments as of July 27, 1999.
7. All applicants shall have a current, valid Massachusetts License to Operate Motor Vehicles and furnish a copy thereof.
8. Such application shall contain a statement as to the moral character of the applicant signed by at least five reputable citizens of the city or town of the applicant's residence, one of whom shall be an attorney-at-law.
9. Pursuant to M.G.L. c. 41 §95A, constables must deposit with the city treasurer twenty-five percent (25%) of the fees collected by them during the preceding months for the service of civil process under the fee structure established by M.G.L. c. 262 § 8. This deposit must be made no later than January 15, April 15, July 15 and October 15, but a constable having less than \$500 to deposit at that time shall hold the share for deposit until the sooner of October 15 or the time when the amount due to the city or town under this section equals or exceeds \$500.
10. Constables are required annually, on or before April 15, to file with the city treasurer an itemized account of all fees and monies received for the service of civil process.
11. The Mayor, with the consent of the City Council, may revoke a constable's appointment for gross misconduct. Actions constituting gross misconduct include but are not limited to: 1) any abuse or deception of representation, intentional or not; 2) violation of state law or City guidelines and procedures governing constables; 3) criminal acts in violation of the laws of the United States or any local jurisdiction; 4) any use or display of a firearm during the performance of a constable's duties.
12. Appointed constables are authorized to serve civil process only. Appointed constables are **NOT** authorized or granted power to make an arrest (with or without a warrant, capias or other form of process), serve criminal processes, operate a vehicle displaying blue lights, obtain criminal history from the Criminal Justice Information System or similar databases, use physical force

during the service of civil process, display any badge, or otherwise act in a manner leaving the impression the constable is an employee of the Brockton Police or other law enforcement agency.

13. Constables who possess a valid LTC shall not carry a firearm during the performance of their duties unless they receive written consent from the Chief of Police. Regardless of LTC status, any use or display of a weapon by a constable during the routine performance of their duties shall be considered gross misconduct and grounds for removal.
14. Please note: making fraudulent statements herein, failing to adhere to the above guidelines and procedures, or neglecting to update the City of any change to the nature of your constable appointment is grounds for removal.

### **INVESTIGATION**

M.G.L. c. 41 s. 91B requires the appointing authority to investigate and evaluate the character and reputation of all applicants seeking appointment to the position of constable. Consequently, all applicants shall be required to submit to the Chief of the Brockton Police Department, or their designee, such information as shall be reasonably required to conduct that investigation on behalf of the Mayor and Brockton City Council. After the background investigation is concluded, the City will determine whether the applicant is qualified for appointment.

### **CRIMINAL HISTORY & BACKGROUND CHECK**

All applicants shall be checked by the Brockton Police Department for criminal histories in the Brockton Police Records, CORI and Massachusetts Criminal System History Board ["BOP" and "III"]. Applicants will further submit to Registry of Motor Vehicle and Department of Mental Health record checks to determine suitability for appointment as a constable. The applicant will execute all necessary releases and authorizations to allow for the Brockton Police to conduct its investigation.

An applicant shall be automatically disqualified from further consideration if any of the following appear on his or her criminal record:

- A. Felony conviction[s];
- B. Misdemeanor conviction[s] within the past five [5] years; or, misdemeanor conviction[s] at any time for a crime involving violence, including but not limited to, simple assault and domestic violence;
- C. Any other conviction[s] which render the applicant to be disqualified from possessing firearms under either state or federal laws/guidelines;
- D. Existing restraining orders issued against him or her by any court of competent jurisdiction, whether said court is located within or without of the Commonwealth of Massachusetts.
- E. Prior or existing restraining orders issued by any court of competent jurisdiction, whether said court is located within or without of the Commonwealth of Massachusetts;

F. Substantial evidence that indicates that, but for extraordinary circumstances beyond the control of law enforcement, the applicant both could have been charged with a Felony, Misdemeanor, or a crime of Domestic Violence pursuant to M.G.L. 209A and more likely than not could have been convicted in a court of law; or

G. Poor driving record, including but not limited to:

- i. Prior license suspension/revocation;
- ii. Three [3] or more findings of "Responsible" on civil driving infractions in any 12-month period;
- iii. Multiple at-fault accidents; or
- iv. A combination of incidents from any of the above categories.

APPLICATION FOR APPOINTMENT AS CONSTABLE  
FOR THE CITY OF BROCKTON

Date: \_\_\_\_\_

To the Mayor:

I hereby make application for appointment as a Constable to serve without compensation from the City of Brockton; and I subscribe to the truth of the following facts:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_  
Home Cellular/Business

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

License No. \_\_\_\_\_ Vehicle Registration: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_

Prior Employer: \_\_\_\_\_

\_\_\_\_\_  
(if less than 3 years at current employer)

Do you currently hold a License to Carry a firearm in Massachusetts? \_\_\_ Yes \_\_\_ No

If yes, LTC Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Have you ever had a License to Carry a firearm revoked or suspended, or application denied here or in any other jurisdiction? \_\_\_ Yes \_\_\_ No

Do you have plans to apply for a License to Carry a firearm? \_\_\_ Yes \_\_\_ No

Signed under the pains and penalties of perjury.

Signature: \_\_\_\_\_

RECOMMENDATIONS AND REFERENCES

(at least one reference must be an **Attorney at Law**)

Name of Applicant: \_\_\_\_\_

I, the undersigned, hereby certify by affixing my signature hereto that I am a resident of the City of Brockton and a citizen of the United States of America and that to the best of my knowledge and belief the above-named individual is of good repute, character and integrity and I hereby recommend appointment as Constable.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Signature: \_\_\_\_\_

PERSONAL HISTORY

A. NAME IN FULL (Last, First, Middle)

\_\_\_\_\_

B. LIST ALL OTHER NAMES YOU HAVE USED (If female, list maiden name. If you have ever used any surnames other than your true name, during what period and under what circumstances were those names used? If you have ever legal changed your name, provide date, city/town and court)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. DATE OF BIRTH: \_\_\_\_\_

D. PLACE OF BIRTH: \_\_\_\_\_

E. ARE YOU A UNITED STATES CITIZEN? YES \_\_\_\_\_ NO \_\_\_\_\_

F. NATURALIZED CITIZEN? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, Naturalization Number: \_\_\_\_\_

G. MARITAL STATUS

Single ( )

Married ( )

Widowed ( )

Divorced ( )

Separated ( )

Date and Place of Marriage: \_\_\_\_\_

Date and Place of Divorce or Separation: \_\_\_\_\_

Number of Children: \_\_\_\_\_

H. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE U.S. ARMED FORCES?

YES \_\_\_\_\_ NO \_\_\_\_\_

Branch: \_\_\_\_\_

Dates of Duty: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

I. HAVE YOU EVER BEEN APPOINTED OR ELECTED AS A CONSTABLE IN ANY CITY OR TOWN IN THE COMMONWEALTH OF MASSACHUSETTS?

YES \_\_\_\_\_ NO \_\_\_\_\_

J. IF THE RESPONSE ABOVE IS "YES" PLEASE STATE THE DATE OF APPOINTMENT OR ELECTION AND THE TERMS OF OFFICE IN WHICH YOU SERVED AS CONSTABLE

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K. HAVE YOU EVER BEEN DENIED AN APPOINTMENT AS CONSTABLE?

YES \_\_\_\_\_ NO \_\_\_\_\_

L. IF "YES" GIVE THE DATE, THE CITY/TOWN OF DENIAL, AND A DETAILED EXPLANATION/REASON FOR THE DENIAL.

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M. WHY DO YOU SEEK APPOINTMENT AS CONSTABLE?

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PROVIDE COMPLETE NAMES (First, Middle, Last) and ADDRESSES (even if deceased).

FATHER:

MOTHER:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Place of Birth

HUSBAND OR WIFE (or former, if divorced)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

CHILDREN (List names and current addresses):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTARY PUBLIC'S SEAL**

Commonwealth of Massachusetts  
County of Plymouth

I, \_\_\_\_\_, being duly sworn, depose and say that I am the person applying for appointment as Constable within the City of Brockton, that all information contained herein was provided by me and I do solemnly swear and proclaim that each and every answer is full, true and correct, under the pains and penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant

**COMMONWEALTH OF MASSACHUSETTS**

PLYMOUTH, ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily, 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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Commission Expiration



THE COMMONWEALTH OF MASSACHUSETTS  
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
 Department of Criminal Justice Information Services  
 200 Arlington Street, Suite 2200, Chelsea, MA 02150  
 TEL: 617-660-4640 | TTY: 617-660-4808 | FAX: 617-660-5973  
 MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)  
 Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

The City of Brockton is registered under the  
 (Organization)  
 provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to The City of Brockton  
 (Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing The City of Brockton  
 (Organization)  
 with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:**

The The City of Brockton may conduct  
 (Organization)  
 subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that The City of Brockton  
 (Organization), must first provide me  
 with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
*Signature of CORI Subject*

\_\_\_\_\_  
*Date*



Commonwealth of Massachusetts  
 Department of Mental Health  
 Authorization for Release of Information  
Two Way

<b>1. Patient/Applicant Information</b>	
Name: _____	Other Names: _____
Street: _____	APT.#: _____
City/Town: _____	State: _____ Zip Code: _____
Social Security #: _____	Date of Birth: _____
Phone : _____	

<b>2. Authorization to Release:</b> I authorize the Department of Mental Health (DMH) to receive and release information, including confidential communications, from or to the Person, Agency or Facility named below, either verbally or in writing.	
Person, Agency or Facility (e.g., name and address of hospital, outpatient provider, residential program, other) Name: _____ Attention: _____ Street: _____ City/Town: _____ State/Zip Code: _____ Phone: _____ Fax: _____	DMH Contact Information: Name: _____ Street: _____ City/Town: _____ State/Zip Code: _____ Phone: _____ Fax: _____ Email: _____

<b>3. Check to indicate the information you want shared: (check all that apply)</b>		
<input type="checkbox"/> Mental Health Diagnosis and Treatment provided by a Psychiatrist; Psychologist; Mental Health Clinical Nurse Specialist; Licensed Social Worker Counseling; all other Licensed Mental Health Providers.		
<input type="checkbox"/> Entire Mental Health Record, <i>excluding Psychotherapy Notes which require a separate authorization</i>		
<input type="checkbox"/> Entire Record (Medical and Mental Health)	<input type="checkbox"/> ISPs & IAPs	<input type="checkbox"/> Treatment Plans
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Neuropsych Testing	<input type="checkbox"/> Transfer Summary
<input type="checkbox"/> Admission Documentation	<input type="checkbox"/> Physical Exam	<input type="checkbox"/> Lab Reports
<input type="checkbox"/> Other (please specify) / additional information: _____		

<b>4. Dates of the Information you want shared: (Specify dates)</b>
Dates of Requested Information: From: _____ To: _____



Commonwealth of Massachusetts  
Department of Mental Health  
Authorization for Release of Information  
Two Way

Patient/Applicant Name: \_\_\_\_\_

<b>5. Please <i>initial</i> to indicate you give permission to release the following information if present in your record: (<i>Initial all that apply</i>)</b>	
Initial Here: _____	HIV test results (Authorization required for each release request.)
Initial Here: _____	Alcohol and Drug Abuse Records Protected by Federal Confidentiality Rules 42 CFR Part 2 Federal rules prohibit any further disclosure of this information unless disclosure is expressly permitted by written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.

<b>6. Purpose of the Release: (must check one)</b>			
<input type="checkbox"/> Personal Use	<input type="checkbox"/> Coordinate care	<input type="checkbox"/> Referral	<input type="checkbox"/> Facilitate billing
<input type="checkbox"/> Obtain insurance, financial or other benefits			
<input type="checkbox"/> Other purpose (please specify): _____			

I understand that:

- I have a right to revoke this authorization at any time.
- If I revoke this authorization, I must do so in writing and present it to DMH at the DMH address identified on page one or the DMH office in my area. (Find DMH area offices at [www.mass.gov/dmh-offices-facilities-and-staff-directory](http://www.mass.gov/dmh-offices-facilities-and-staff-directory); call 1-800-221-0053; or email [dmhinfo@MassMail.State.MA.US](mailto:dmhinfo@MassMail.State.MA.US).)
- The revocation will not apply to information that has already been released pursuant to this authorization.
- The revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
- Once the above information is released, the recipient may redisclose it and the information may not be protected by federal or state privacy laws or regulations.
- Authorizing the disclosure of the information identified above is voluntary.
- I need not sign this form to receive treatment or services from DMH and/or the other named person, facility or agency; however, lack of ability to share or obtain information may prevent DMH, and/or the other named person, facility or agency, from providing appropriate and necessary care.

This authorization will expire (specify a date, time period or an event) \_\_\_\_\_ or, if nothing is specified, it will expire one year from date of signing.

<b>7. Signature / Authorization: Sign and provide information as required below.</b>	
X _____	_____
Your signature or Personal Representative's signature	Date
_____ Print name of signer	
<b>The following information is needed if signed by a personal representative:</b>	
Type of authority (e.g., court appointed, custodial parent): _____	



# Authorized Release of Personal Driving History/ Full Certified Driving History

Court Records Department • Haymarket RMV Service Center, 3<sup>rd</sup> Floor  
136 Blackstone St., Boston, MA 02109

**Instructions:**

1. Complete as much information as possible on this form so the RMV can properly search your request.
  - a. If requesting your own information complete sections, A, B, and C.
  - b. If you are authorizing the release of your Personal Driving History/Full Certified Driving History to another person an "authorized recipient" complete sections A, B, C, D and F.
  - c. If you are a federal, state, or local government agency official, or law enforcement, requesting access to this Personal Driving History/Full Certified Driving History complete sections A, B, C, D, E, and F.
2. Mail completed form, applicable fee, and appropriate identification documents to:  
 Massachusetts Registry of Motor Vehicles  
 P.O. Box 55889 Boston, MA 02205-5889  
 Attn: Court Records Department  
 or
3. Bring completed form, applicable fee, and appropriate identification documents to:  
 Court Records Department  
 Haymarket RMV Service Center  
 136 Blackstone Street, 3<sup>rd</sup> Floor, Boston, MA 02109

NOTE: A photocopy of the Requestor's license/state issued ID or current agency issued photo ID/ badge must be submitted with this form. Authorized recipient requests must submit a photocopy of both the license holder's license/state issued ID card and the authorized recipient's license/state issued ID card. *Your request will not be processed without this information.*

## A. Document Requested

- Personal Driving History \$20** – This includes a record of all offenses, regardless of disposition, that occurred over the Massachusetts license holder's driving career.
- Full Certified Driving History \$20** – This includes a copy of the Massachusetts license holder's Personal Driving History and all correspondence, such as suspension and revocation letters, sent to the license holder by the Registry of Motor Vehicles.

## B. Please Select Number 1, 2, or 3 Below

1.  I, the license holder, am requesting a copy of my Personal Driving History / Full Certified Driving History for my own personal use. Your signature is required in Section C. *You are required to submit a photocopy of your license/state issued ID with your request.*
2.  I am authorizing the release of my Personal Driving History/Full Certified Driving History to another person (an "authorized recipient"). Signatures of both the license holder and the authorized recipient are required in Section D. *You are required to submit a photocopy submit a photocopy of both the license holder's license/state issued ID card and the authorized recipient's license/state issued ID card.*
3.  I am a federal, state, or local government agency official, or law enforcement, requesting access to this Personal Driving History/Full Certified Driving History in the course of my official duties/capacity. Your signature is required in Section F. *You are required to submit a photocopy of your current agency issued photo ID/ badge.*

## C. License Holder Information

Last Name		First Name	Middle Name	Suffix
License #	Date of Birth (MM/DD/YYYY)		Last 4 Digits of Social Security #	
Address				
Street	Apt. #	City	State	Zip Code

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**D. Authorization**

Complete this section if you are authorizing release of your Personal Driving History/Full Certified Driving History to an authorized recipient:

I, \_\_\_\_\_ / \_\_\_\_\_  
 (print name) (signature)

heroby authorize the release of my Personal Driving History and/or Full Certified Driving History. I acknowledge that I am authorizing the release of information that is otherwise protected under Chapter 64 of the Acts of 2016. I understand that Chapter 64 of the Acts of 2016 prevents the public release of certain historical drug offense, warrant, and child support obligation information that may appear in my Personal Driving History or Full Certified Driving History. I consent to release my Personal Driving History/Full Certified Driving History to the person and address listed below.

Record Holder's License #	Date of Birth (MM/DD/YYYY)		
Authorized Recipient's Last Name	Authorized Recipient's First Name	Middle Name	Suffix
Recipient's License #	Recipient's Email		

Recipient's Address  
 Street Apt. # City State Zip Code

Has a photocopy of the authorized recipient's ID been attached? .....  Yes  No

Address where the Personal Driving History/Full Certified Driving History is to be mailed. If blank, the requested information will be mailed to the License Holder's address on file with the RMV:

Mailing Address  
 Street Apt. # City State Zip Code

**REQUIRED:**

If you are an authorized recipient and have requested a Personal Driving History or Full Certified Driving History, you must sign below. Under penalties of perjury, I acknowledge I will be receiving information that is otherwise protected from public release under Chapter 64 of the Acts of 2016.

Signature of Authorized Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

**E. Federal, State, or Local Government Agency Information**

The requestor is a federal, state, or local government agency, or a private person or entity acting on behalf of a federal, state, or local government agency, and the records will be used to carry out the official functions of such federal, state, or local government agency. Appropriate documents identifying the requestor are required. A photocopy of the ID will be made to file with the request.

Record Holder's License #	Date of Birth (MM/DD/YYYY)	
Name of Agency	Business Phone #	
Requestor Last Name	Requestor First Name	Phone #
Address Street City State Zip Code		
Occupational License # or Professional License #	Recipient's Email	

## F. Certification of Requestor – Read Carefully

The Requestor certifies that all the Registry of Motor Vehicles records obtained by the Requestor will be used solely and exclusively for the reasons indicated above, and for no other purpose. The Requestor shall be responsible for any improper or unauthorized access to or use of these records by any of its employees, servants, agents, or contractors. The Requestor is prohibited from re-disclosing the information, except in accordance with applicable law. The Requestor acknowledges that the Registry of Motor Vehicles is relying on the truth of the representations contained in this request in granting the Requestor access to the records, and the Requestor intends that the Registry so rely.

The Requestor acknowledges that it **must** keep, for a period of five (5) years, records identifying each person it has sought information about and the permitted purpose for which the information was sought. The Requestor agrees to make such records available to the RMV upon request. The Requestor agrees to indemnify the Massachusetts Department of Transportation, its agents, officers and employees with respect to any claims asserted by an individual whose personal information was disclosed to the Requestor in reliance upon the representations made herein and the Requestor further agrees to hold harmless the Massachusetts Department of Transportation, its agents, officers and employees with respect to any claims the Requestor may have as to the accuracy of the information provided.

By signing below, and in accordance with Section 7 of Chapter 81 of the Acts of 2022, as well as implementing regulations contained in 840 CMR 37.00, you and your employees, agents, or contractors (collectively, "End Users") certify under the pains and penalties of perjury that before any such access or use of said records (including information from the Registrar facilitated through a database or automated network), you shall not:

- i. Use such records or information for the purpose of enforcing federal immigration law (including the investigation, participation, or cooperation with the enforcement of such law); or
- ii. Disclose said records or information to any agency that enforces immigration law or to any employee or agent of any such agency, unless the officer, employee, agent, or contractor is provided with a lawful court order or judicial warrant signed by a judge appointed pursuant to Article III of the United States Constitution; or
- iii. Allow any End Users to access said records or information unless they certify compliance with the representations of subparagraphs (i) and (ii) above.

Please be advised that violation of this certification shall be unlawful. The Registrar shall immediately deny, or revoke access to, information to any End User that the Registrar has reason to believe has, or will have, violated the law, its implementing regulations, or this certification.

This certification is signed under the penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Requestor's Name: \_\_\_\_\_ Requestor's Signature: \_\_\_\_\_