



ANDOVER POLICE DEPARTMENT

Office of Records
32 North Main Street
Andover, MA 01810
978-623-3520
SAFrecords@andoverma.us



Application for Certification of Registration for All Door to Door Sales for Future Delivery

Name: _____

Home Address: _____

Street

City

State/Zip

Date of Birth: _____ Social Security #: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Driver's License #: _____ State: _____ Exp: _____

Cell Phone #: _____ Work Phone #: _____

Employer: _____

Employer Address: _____

Vehicle Information

Make: _____ Model: _____

Year: _____ Color: _____

Registration #: _____ State: _____

Type of Goods/Wares/Merchandise being sold: _____

Checks made payable to the Town of Andover in the amount of \$50.00 due at the time of submitting the application.

Applicant Signature: _____ Date: _____

To be Completed by Police Department

Fee collected

Copy of Driver's License/Government ID

RMS Check

Signed CORI Acknowledgement Form

Dispatch Check: R1/BOP/IQ/III

Date of Approval/Permit issued: _____