



POLICE RECORD CHECK

The following information is being requested so that a complete and accurate record check on your driving and criminal record can be obtained.

Last Name _____	First Name _____	Middle Name _____
Date of Birth ____/____/____	Race _____	Gender: _____
Height: ____ft. ____in.	Weight: _____lbs.	Hair Color: _____
Eye Color: _____		
Social Security Number: _____-_____-_____	U.S. Citizen? Yes _____ No _____	
Driver's License Number: _____	Expiration Date ____/____/____	
Have you ever been convicted of a felony? Yes _____ No _____ If yes, please explain		

Have you ever been convicted of a misdemeanor? Yes _____ No _____ If yes, please explain

Have you ever been addicted to alcohol or drugs? Yes _____ No _____

Have you ever used any other name than the one you are now using? Yes _____ No _____

If yes, which name(s) _____

I hereby certify that the above information is true and any false statement of facts will result in denial of application.

Signature _____ Date ____/____/____

