PLACE THIS ON YOUR AGENCY'S LETTERHEAD

NCPA REQUEST FOR CRIMINAL RECORD CHECK

APPLICANT:			
L	AST NAME	FIRST NAME	MIDDLE NAME
MAIDEN OR OTH	ER NAMES USED:		
ADDRESS:			
GENDER:	RACE:	SOCIAL SECURITY NUMB	ER:
PLACE OF BIRTH:			
	CITY/TOWN	STATE	COUNTRY
DATE OF BIRTH:		TELEPHONE NUMBER	:
	MONTH/DAY/YEAR		AREA CODE/ NUMBER
Information Cent or resided, and th	er, criminal record repos ne FBI.		be maintained by the Vermont Crime e I have been employed, volunteered wing states:
for use in review days of receiving	ing my suitability for em the results of the record	d check, I have the right to a	further understand that within 30 ppeal the findings in writing to the State Drive, Waterbury, VT 05671-
SIGNATURE OF A	PPLICANT:		DATE:
(Signed in the pre	esence of agency official	or notary)	
IDENITITY VERIFI	ED BY:		DATE:
(Signed by officia	l making identification)		