PLACE THIS ON YOUR AGENCY'S LETTERHEAD

NCPA REQUEST FOR CRIMINAL RECORD CHECK

APPLICANT:			
I	LAST NAME	FIRST NAME	MIDDLE NAME
MAIDEN OR OTH	ER NAMES USED:		
ADDRESS:			
GENDER:	RACE:	SOCIAL SECURITY NUMBER	R:
PLACE OF BIRTH:			
	CITY/TOWN	STATE	COUNTRY
DATE OF BIRTH:		TELEPHONE NUMBER:	
	MONTH/DAY/YEAR		AREA CODE/ NUMBER
Information Centor resided, and t	ter, criminal record repos he FBI.		e maintained by the Vermont Crime I have been employed, volunteered ng states:
for use in review days of receiving	ing my suitability for em the results of the record	I check, I have the right to app	urther understand that within 30 beal the findings in writing to the ate Drive, Waterbury, VT 05671-
SIGNATURE OF A	PPLICANT:		DATE:
(Signed in the pro	esence of agency official	or notary)	
IDENITITY VERIFI	ED BY:		DATE:

(Signed by official making identification)