

***PLACE THIS ON YOUR AGENCY'S LETTERHEAD**

VERMONT CRIME INFORMATION CENTER
FINGERPRINT AUTHORIZATION CERTIFICATE
45 State Drive, Waterbury, VT 05671

*****APPLICANT:** You must bring this certificate with you to your fingerprinting appointment. Identification Center staff **WILL NOT** submit your fingerprints to VCIC for processing without this form.***

***Agency Code:** _____

REASON FINGERPRINTED:

Adoption Education NCPA–Employment NCPA–Volunteer Secretary of State

NAME: _____
Last First Middle

MAIDEN/OTHER NAMES:

DOB: _____ SSN: _____ GENDER: FEMALE MALE

PLACE OF BIRTH:

_____ Town State Country

TELEPHONE NUMBER: _____

In addition to Vermont I have resided or been employed in the following states: (If applicable, circle appropriate states)

AL CO DE GA HI ID IL IN IA KY LA MD MA MN MS MO MT

NB(NE) NV NH NM OH OR PA RI SC TN UT WV WY

Applicant Signature: _____

I certify that the above applicant has appeared before me and paid his or her criminal record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Our agency is responsible for paying the record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Agency Staff Signature: _____ Date: _____

IDENTIFICATION CENTER USE ONLY:

TVT: _____ **Date Printed:** _____

ATTN: ID Center's the following fields are required ***** before prints can be taken