DMV AND/OR CRIMINAL RECORD CHECK AUTHORIZATION

CRIMINAL CHECK

NAME: _____
First Middle Last

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

PRESENT ADDRESS: _____ HOW LONG? _____

PREVIOUS ADDRESS: _____ HOW LONG? _____

DEPARTMENT OF MOTOR VEHICLES

NAME: _____ DATE OF BIRTH: _____
First Middle Last

CURRENT DRIVER'S LICENSE NUMBER: _____ STATE ISSUED: _____

The undersigned authorizes Credit Information Corporation, referred to as CIC, to obtain my criminal and/or my DMV records report. In signing this document, the undersigned states that the information offered on their application is warranted to be true.

The undersigned further recognizes that CIC, in its investigative procedures, does not consider any information obtained through its investigation to be confidential and a full disclosure of facts obtained by CIC may be made to a firm to whom application is made.

The undersigned further understands that CIC cannot be an insurer of the accuracy of the aforementioned information. The undersigned understands and agrees that the accuracy of any information is not guaranteed by CIC. Therefore, the undersigned agrees to indemnify and hold harmless CIC from and against any liability, injury, expense or damage, including attorney's fees and costs arising out of or resulting from the publication or disclosure of any information by CIC to the receiving firm, and from any disclosure or republication of said information by the receiving firm to any other persons, firms or corporations.

APPLICANT'S SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY CIC CLIENT (REQUESTOR) ONLY.

Please "X" Requested Services(s)

Criminal Background

Statewide Criminal Check ☐

Nationwide Criminal Check ☐

County Criminal Check ☐

Specify County _____

Driving Record (DMV) ☐

Client Name: _____

Company Name: _____

Phone No.: _____

Reply Fax No.: _____

Email address: _____

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