

DMV AND/OR CRIMINAL RECORD CHECK AUTHORIZATION

PH 314-344-0084/636-856-9206

FAX 314-344-2998/636-856-0544

EMAIL: OFFICE@TENANTSCREENINGONLINE.COM

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: _____
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 firms, and from any disclosure or republication of said information by the receiving firm to any other persons, firms, or corporations.

APPLICANT SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY CIC CLIENT (REQUESTOR) ONLY.

REQUIRED:

Please "X" Requested Services(s)

Criminal Background
Statewide Criminal Check

Nationwide Criminal Check

DRIVING RECORD (DMV)

Client Name: _____ Account #: _____

Company Name: _____

Phone #: _____ Fax # _____

Email Address: _____