



Personal Information...Print capital letters in the boxes. Try not to touch the sides of the boxes.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

First Name

[Grid for First Name]

Middle Name

[Grid for Middle Name]

Last Name

[Grid for Last Name]

Previous Legal Name

[Grid for Previous Legal Name]

Year Changed

[Grid for Year Changed]

Street Address

[Grid for Street Address]

City

[Grid for City]

State

[Grid for State]

ZIP

[Grid for ZIP]

Social Security Number

[Grid for Social Security Number]

Date of Birth (month-day-year)

[Grid for Date of Birth]

Driver's License Number

[Grid for Driver's License Number]

State

[Grid for State]

List Previous Addresses For The Past 7 Years, Most Recent First

City

[Grid for City]

State

[Grid for State]

ZIP

[Grid for ZIP]

City

[Grid for City]

State

[Grid for State]

ZIP

[Grid for ZIP]

City

[Grid for City]

State

[Grid for State]

ZIP

[Grid for ZIP]

City

[Grid for City]

State

[Grid for State]

ZIP

[Grid for ZIP]

Client Name (Requester), Account#, Location Code, Telephone Number, Fax Number - Secure, Standard Package, Drivers Package, Advance Package, Local Union (initials), Union Number, SSTRace, Felony, Nationwide Sexual Offender, Felony, SSTRace, MVR, NCRF, Felony, SSTRace, MVR, NCRF, Employment

FAX FORM TO: Letha at 304-485-6348