REQUEST FOR COMPUTERIZED HISTORY

AN INVESTIGATION OF YOUR DRIVING HISTORY AND CRIMINAL HISTORY WILL BE MADE THROUGH A RECORDS CHECK. TO EXPEDITE THIS PROCEDURE, PLEASE SUPPLY THE FOLLOWING INFORMATION:

NAME:_____
(First) (Middle) (Last)

PRIOR NAMES:_____
(First) (Middle) (Last)

_____
(First) (Middle) (Last)

SOCIAL SECURITY NUMBER: _____
(Optional)

RACE:_____ SEX:_____ DATE OF BIRTH:_____
(Optional) (Optional) (Optional)

MICHIGAN OPERATOR LICENSE NUMBER:_____

NAME UNDER WHICH LICENSE WAS GRANTED:_____

EXPIRATION OF CURRENT OPERATOR LICENSE:_____

PLEASE LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

_____ _____
STATE NAME UNDER WHICH LICENSE WAS GRANTED

_____ _____
STATE NAME UNDER WHICH LICENSE WAS GRANTED

INFORMATION SUPPLIED ON THIS FORM WILL ONLY BE USED FOR CRIMINAL BACKGROUND INVESTIGATION PURPOSES AND WILL NOT BECOME PART OF THIS APPLICATION RECORD.

Return this form under separate cover to:	Robert Smith, Police Dept. CHARTER TWP OF PLYMOUTH 9955 N Haggerty Rd. Plymouth, MI 48170