



**API**

**CONSENT FOR CRIMINAL BACKGROUND CHECK**

**\*\*\*\*\*CONFIDENTIAL DOCUMENT\*\*\*\*\***

Your signature below authorizes **API** and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

**Please complete all information below. Please print using ALL CAPITAL LETTERS.**

**Legal Name: (FML)**

**Gender:**  M  F **Other Names Used:**   
(Maiden, alias', legal name change, etc.)

**Current Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Social Security Number:**  -  -

**DOB:**  /  /  **DL#:**  **State:**

Your signature here authorizes **Motor Vehicle Records search:** \_\_\_\_\_

**Previous Addresses in past 7 years: (list any other STATES if you can)** \_\_\_\_\_

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**Have you ever been convicted of any crime?**  Yes  No

**If "Yes," explain: Charge / Offense** \_\_\_\_\_

**Date & Location** \_\_\_\_\_

**Disposition** \_\_\_\_\_

Applicant's signature: I have reviewed and completed this form as applicable to me. I give **API** permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_

**Signature of witness:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_