

NAME _____ D.O.B. _____
 (LAST) (FIRST) (MI) (MM/DD/YYYY)
 MAIDEN NAME _____ SSN _____
 HGT. _____ WGT. _____ RACE ____ SEX ____ EYES _____ HAIR _____
 SCARS TATTOOS _____ VENDOR: _____
 DRIVER'S LICENSE # _____ STATE _____
 CO. CONTACT EMAIL: _____ PHONE: _____

OFFICIAL USE ONLY – DO NOT COMPLETE:

POSITIVE
RESPONSE

NO PRIOR
CONVICTIONS

FL02 DRIVER INFO _____

FLQW CT VEHICLE/WANTED INQ.

SPRC CT MASTER FILE

SPSC CT SUSPENSE FILE

OBTS OFF. BASED TRACKING CHECK

FLQH INTERSTATE III CHECK

RT45SS DOC SS CHECK

RT45NM DOC NAME CHECK

FLIQ OUT OF STATE CHECKS

RI

NY

MA

CHECK COMPLETED BY _____ DATE _____

Comments/Findings:					
OFFICIAL USE ONLY:					
Arrest Date:	Arresting Agency/Docket Number:	Charge:	Level: Misd. or Fel.	Date Disposed:	Court Disposition:

Please note: this form will not be processed if incomplete or illegible

Please read and sign below in the presence of a witness

ACKNOWLEDGEMENT

I, the undersigned, acknowledge and understand that the Connecticut Department of Correction (CTDOC) can deny any individual entry to any correctional facility administered by the CTDOC at any time.

Signature of Applicant _____ Date Signed _____

Signature of Witness _____ Date Signed _____