

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 _____
- _____

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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 _____