



APPLICANT RECORDS CHECK

PD 407-161 (Rev. 01-09)

APD-29

page ___ of ___

EXAM NO.	LIST NO.	DATE
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COMPUTER INQUIRY:

- SUFFOLK
 AUXILIARY POLICE SECTION
 INTERPOL
 NYC PISTOL LICENSE
 NLETS
 NASSAU
 FAMILY/ASSOCIATE CHECK
 LEXISNEXIS
 CREDIT REPORT

Request that a record check be conducted for the following named Applicant for possible appointment to this Department:

Last Name		First	M.I.	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Occupation
Alias/Maiden Name				Social Security No.		
Height	Ft.	In.	Weight	Race	Date of Birth	Place of Birth

PRESENT AND FORMER RESIDENCES:

UNTIL STREET ADDRESS CITY STATE ZIP
PRESENT

ALSO REQUEST RECORD OF THE FOLLOWING NAMED RELATIVES AND/OR ASSOCIATES:

LAST NAME FIRST NAME ADDRESS RACE/D.O.B. RELATIONSHIP

INVESTIGATOR _____ SQUAD NO. _____