

Part I - To be completed by ApplicantSocial Security Number: - - Full Name: _____
Last First Middle Maiden

Address: _____

City: _____ State: _____ Zip: _____

How long have you lived at this address? _____

Driver License/Identification Number: _____ State Issued: _____

Date of Birth: / / Place of Birth: _____
*Month Day Year*Gender: Male FemaleEthnic Origin: Black (Non-Hispanic) Caucasian American Indian or Alaskan Native
 Asian or Pacific Islander Hispanic Other, *please specify* _____**Part II - To be completed by Police Department, Superior Court, or Judicial Affairs Department****Does the applicant have a police record, to include minor traffic violations?** Yes No*If yes, please explain:***Is applicant now undergoing court action of any kind?** Yes No*If yes, please explain:***Verified by: (Official Seal or Stamp required)**

Name: _____ Title: _____ Date: _____