PENNSYLVANIA LIQUOR CONTROL BOARD
TAVERN GAMING LICENSE
INDIVIDUAL APPLICATION AND DISCLOSURE INFORMATION FORM

(TO BE COMPLETED BY ANY INDIVIDUAL THAT SERVES AS AN OFFICER OF THE TAVERN, OR OWNS 10% OR MORE OF THE TAVERN, OR HAS A CONTROLLING INTEREST IN THE TAVERN)

APPENDIX: THE APPENDIX IS A DOCUMENT THE APPLICANT MUST PROVIDE OR CREATE. THE APPENDIX IS NOT REPRESENTED IN THE APPLICATION QUESTIONS. EACH APPENDIX MUST BE PRESENTED IN A TABBED MANNER AND EACH TAB MUST INDICATE THE APPENDIX NUMBER AS LISTED BELOW. IF AN APPENDIX DOES NOT APPLY TO AN APPLICANT, WRITE "DOES NOT APPLY" ON THE APPENDIX PAGE.		
☐	APPENDIX 1: COPY OF SOCIAL SECURITY CARD.	MANDATORY
☐	APPENDIX 2: COPY OF DRIVER'S LICENSE. IF YOU DO NOT HAVE A DRIVER'S LICENSE, PROVIDE A COPY OF ANOTHER GOVERNMENT-ISSUED PHOTO ID AS SET FORTH IN SECTION 495 OF THE PENNSYLVANIA LIQUOR CODE.	MANDATORY
☐	APPENDIX 3: PHOTOGRAPH. THE PHOTOGRAPH SHALL: BE 1.5 INCHES SQUARE AND UNMOUNTED WITH A MATTE FINISH; BEAR THE NAME OF THE INDIVIDUAL, APPLICANT'S SUBJECT LIQUOR LICENSE AND LID NUMBERS, AND THE ADDRESS OF THE LIQUOR LICENSED PREMISES. THE PHOTOGRAPH MUST BE TAKEN WITHIN 60 DAYS OF THE DATE THE APPLICATION IS SUBMITTED.	MANDATORY
☐	APPENDIX 4: CRIMINAL HISTORY SUMMARY. IT IS REQUIRED THAT YOU PROVIDE AN **ORIGINAL** CRIMINAL HISTORY SUMMARY FROM THE FEDERAL BUREAU OF INVESTIGATION ("FBI"). THIS WILL REQUIRE YOU TO SUBMIT YOUR FINGERPRINTS TO THE FBI. AN APPLICATION TO CONDUCT TAVERN GAMES THAT DOES NOT CONTAIN A CRIMINAL HISTORY SUMMARY FOR EACH INDIVIDUAL WHO SUBMITS AN INDIVIDUAL APPLICATION AND DISCLOSURE INFORMATION FORM WILL BE RETURNED. PLEASE REFER TO THE FINGERPRINT PACKET INSTRUCTIONS FOR MORE INFORMATION.	MANDATORY

INITIALS_____

LID NO. _____ **LICENSE NO.** _____

1. INDIVIDUAL INFORMATION

NAME (FIRST, MIDDLE, LAST) _____

MAIDEN NAME OR ALIASES _____

ADDRESS_____
_____
_____

SOCIAL SECURITY NUMBER _____

(DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY IN ORDER FOR THE BUREAU TO COMPLY WITH THE FEDERAL SOCIAL SECURITY ACT PERTAINING TO CHILD SUPPORT ENFORCEMENT, AS IMPLEMENTED IN THE COMMONWEALTH OF PENNSYLVANIA AT 23 PA.C.S. § 4304.1(A). THE SOCIAL SECURITY NUMBER WILL ALSO BE USED TO CONFIRM THE IDENTIFICATION OF THE APPLICANT OR LICENSEE AND WILL NOT BE USED AS A PERSONAL IDENTIFICATION NUMBER BY THE BUREAU.)

EMAIL ADDRESS _____

PHONE NUMBER_____ FAX NUMBER _____

POSITION OR TITLE_____ DATE OF BIRTH _____

PERCENTAGE OF OWNERSHIP_____ DATE ACQUIRED _____

DESCRIBE NATURE, TYPE, TERMS AND CONDITIONS OF OWNERSHIP_____
_____

HAVE YOU EVER BEEN ASSOCIATED (E.G. FAMILY MEMBER, BUSINESS ASSOCIATE, FRIEND) WITH ANY KNOWN FELON OR CORRUPT ORGANIZATION? IF YES, PROVIDE THE FOLLOWING INFORMATION:

☐ YES ☐ NO

NAME:_____RELATIONSHIP:_____

OCCUPATION:_____ DATE OF BIRTH:_____

HOME ADDRESS:_____

TELEPHONE NUMBER:_____

NAME:_____RELATIONSHIP:_____

OCCUPATION:_____ DATE OF BIRTH:_____

HOME ADDRESS:_____

TELEPHONE NUMBER:_____

*ATTACH ADDITIONAL PAGES AS NECESSARY.

INITIALS_____

LID NO. _____ **LICENSE NO.** _____

HAVE YOU BEEN ADJUDICATED BANKRUPT OR FILED A PETITION FOR ANY TYPE OF BANKRUPTCY OR INSOLVENCY UNDER ANY BANKRUPTCY OR INSOLVENCY LAW IN THE LAST TEN (10) YEAR PERIOD? IF YES, ATTACH A COPY OF THE BANKRUPTCY PETITION AND DISCHARGE, IF GRANTED. ☐ YES ☐ NO

BANKRUPTCY OR INSOLVENCY PROCEEDINGS			
CASE NAME & DOCKET NUMBER	DATE FILED	NAME AND ADDRESS OF AGENCY OR COURT INVOLVED	
	DATE OF DISPOSITION	NAME OF COURT APPOINTED RECEIVER, AGENT OR TRUSTEE	DATE RECEIVER, AGENT OR TRUSTEE APPOINTED
NATURE OF JUDGMENT OR RELIEF			

*ATTACH ADDITIONAL PAGES AS NECESSARY.

INITIALS_____

LID NO. _____ **LICENSE NO.** _____

HAVE YOU HAD ANY FINANCIAL LIENS OR JUDGMENTS FILED AGAINST YOU IN THE LAST FIVE (5)YEAR PERIOD? (INCLUDE FEDERAL TAX LIENS, STATE TAX LIENS, UNEMPLOYMENT COMPENSATION JUDGMENTS, DEFAULTED STUDENTS LOANS, DELINQUENT CHILD SUPPORT OBLIGATIONS, ETC.)

☐ YES ☐ NO

DO YOU HAVE ANY OUTSTANDING TAX LIABILITIES TO EITHER THE COMMONWEALTH OF PENNSYLVANIA OR ANY OTHER LOCAL, MUNICIPAL, COUNTY, STATE, FEDERAL OR FOREIGN JURISDICTIONS? ☐ YES ☐ NO

IF YOU ANSWER YES TO EITHER QUESTION, COMPLETE THE FOLLOWING CHART:

VIOLATION		
CASE NAME & DOCKET NUMBER	DATE OF JUDGMENT, ORDER OR DECREE	NAME AND ADDRESS OF AGENCY OR COURT INVOLVED
LIABILITY TYPE AND NATURE OF OFFENSE		
DISPOSITION ☐ ACQUITTED ☐ CONVICTED ☐ DISMISSED ☐ OTHER _____		
NATURE OF JUDGMENT, DECREE OR ORDER		
VIOLATION		
CASE NAME & DOCKET NUMBER	DATE OF JUDGMENT, ORDER OR DECREE	NAME AND ADDRESS OF AGENCY OR COURT INVOLVED
LIABILITY TYPE AND NATURE OF OFFENSE		
DISPOSITION ☐ ACQUITTED ☐ CONVICTED ☐ DISMISSED ☐ OTHER _____		
NATURE OF JUDGMENT, DECREE OR ORDER		

*ATTACH ADDITIONAL PAGES AS NECESSARY.

INITIALS_____

LID NO. _____ **LICENSE NO. _____**

2. CRIMINAL HISTORY

THE NEXT SECTION ASKS ABOUT ANY CRIMINAL OFFENSES THE APPLICANT MAY HAVE COMMITTED OR HAD FILED AGAINST THEM. PRIOR TO ANSWERING THIS QUESTION, CAREFULLY REVIEW THE DEFINITIONS AND INSTRUCTIONS THAT FOLLOW.	
DEFINITIONS	FOR PURPOSES OF THIS SECTION: A. "CRIME OR OFFENSE" INCLUDES ALL FELONIES AND MISDEMEANORS, AS WELL AS SUMMARY OFFENSES THAT MAY HAVE REQUIRED YOU TO APPEAR BEFORE A LAW ENFORCEMENT AGENCY, STATE OR FEDERAL GRAND JURY, JUSTICE COURT, MUNICIPAL COURT, CITY COURT, TRAFFIC COURT, MILITARY COURT OR ANY OTHER COURT. INCLUDE ALL DUI/DWI OFFENSES. B. "ARREST" INCLUDES ANY TIME THAT YOU WERE STOPPED BY A POLICE OFFICER OR OTHER LAW ENFORCEMENT OFFICER AND ADVISED THAT YOU WERE UNDER ARREST, DETAINED, HELD FOR QUESTIONING, REQUESTED BY A POLICE OFFICER OR LAW ENFORCEMENT OFFICER TO COME TO A POLICE STATION AND ANSWER QUESTIONS, TAKEN INTO CUSTODY BY ANY POLICE OFFICER OR OTHER LAW ENFORCEMENT OFFICER, FINGERPRINTED, HELD IN JAIL, OR INSTRUCTED TO APPEAR IN COURT OR SUBPOENAED TO ANSWER FOR CONDUCT WHICH IS A CRIME AS HAS BEEN DEFINED IN PARAGRAPH "A." C. "CHARGE" INCLUDES ANY INDICTMENT, COMPLAINT, INFORMATION, SUMMONS, CITATION OR OTHER NOTICE OF THE ALLEGED COMMISSION OF ANY CRIME OR OFFENSE AS DEFINED IN PARAGRAPH "A."
INSTRUCTIONS	1. ANSWER **"YES"** AND PROVIDE ALL INFORMATION TO THE BEST OF YOUR ABILITY **EVEN IF:** A. YOU DID NOT COMMIT THE OFFENSE CHARGED; B. THE ARREST OR CHARGES WERE DISMISSED OR THE CHARGES WERE SUBSEQUENTLY DOWNGRADED TO A LESSER CHARGE; C. YOU PLEADED NOT GUILTY OR NOLO CONTENDERE; D. YOU COMPLETED AN ACCELERATED REHABILITATIVE DISPOSITION ("ARD") OR EQUIVALENT DIVERSIONARY PROGRAM; E. THE CHARGES OR CONVICTION WERE EXPUNGED FROM YOUR RECORD, EVEN IF YOU HAVE EXPUNGEMENT PAPERS; F. YOU WERE GRANTED A PARDON; G. YOU WERE NOT CONVICTED OR WERE FOUND "NOT GUILTY"; H. YOU DID NOT SERVE ANY TIME IN PRISON OR JAIL; I. THE ARRESTS, CHARGES OR OFFENSES HAPPENED A LONG TIME AGO; J. YOU WERE ARRESTED OR CHARGED IN ANOTHER STATE (A STATE OTHER THAN PENNSYLVANIA); K. YOU WERE NEVER PHYSICALLY TAKEN INTO CUSTODY AND/OR TRANSPORTED TO A POLICE STATION OR JAIL. L. YOUR ARREST HAPPENED WHEN YOU WERE UNDER 18 YEARS OF AGE AND YOUR COURT APPEARANCE WAS IN JUVENILE COURT. 2. ANSWER **"NO"** IF: A. YOU HAVE NEVER BEEN ARRESTED OR CHARGED WITH ANY CRIME OR OFFENSE; **FAILURE TO FULLY ANSWER THIS QUESTION MAY RESULT IN THE DENIAL OF YOUR APPLICATION.**

INITIALS_____

LID NO. _____ **LICENSE NO. _____**

HAS THE APPLICANT EVER BEEN ARRESTED, INDICTED, CHARGED WITH OR CONVICTED OF A CRIMINAL OFFENSE, INCLUDING A NON-TRAFFIC SUMMARY OFFENSE, OR BEEN A PARTY TO OR NAMED AS AN UNINDICTED CO-CONSPIRATOR IN ANY CRIMINAL PROCEEDING IN THE COMMONWEALTH OR ANY OTHER JURISDICTION? IF YES, PROVIDE THE FOLLOWING INFORMATION.

NAME OF CASE & DOCKET NUMBER	NATURE OF CHARGE OR COMPLAINT	DATE OF CHARGE OR COMPLAINT	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, EXPUNGED, ETC.)	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	SENTENCE

*ATTACH ADDITIONAL PAGES AS NECESSARY.

INITIALS_____

LID NO. _____ **LICENSE NO. _____**

4. REGULATORY HISTORY

IF THE APPLICANT HAS APPLIED FOR ANY TYPE OF LICENSE, INCLUDING LIQUOR LICENSES, BY ANY GOVERNMENTAL AGENCY IN THE COMMONWEALTH OF PENNSYLVANIA, PROVIDE THE FOLLOWING INFORMATION FOR THE LAST FIVE (5) YEAR PERIOD.

APPLICANT LICENSING					
TYPE OF LICENSE	NAME AND LOCATION OF GOVERNMENT AGENCY	LICENSE NUMBER(S)	DISPOSITION	DATE OF DISPOSITION	IF GRANTED, PROVIDE THE LICENSE NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, REVOKED OR WITHDRAWN, PROVIDE DETAILS.
			☐ GRANTED ☐ DENIED ☐ PENDING ☐ EXPIRED ☐ SUSPENDED ☐ CONDITIONED ☐ WITHDRAWN ☐ REVOKED		
			☐ GRANTED ☐ DENIED ☐ PENDING ☐ EXPIRED ☐ SUSPENDED ☐ CONDITIONED ☐ WITHDRAWN ☐ REVOKED		
			☐ GRANTED ☐ DENIED ☐ PENDING ☐ EXPIRED ☐ SUSPENDED ☐ CONDITIONED ☐ WITHDRAWN ☐ REVOKED		

*ATTACH ADDITIONAL PAGES AS NECESSARY.

INITIALS_____

LID NO. _____ **LICENSE NO. _____**

APPLICATION FOR PENNSYLVANIA TAX CLEARANCE REVIEW

COMPLETION OF THIS FORM IS A CONDITION OF THIS APPLICATION AND WILL AUTHORIZE THE PENNSYLVANIA DEPARTMENT OF REVENUE ("DOR") AND THE DEPARTMENT OF LABOR AND INDUSTRY ("DLI") TO REVIEW THE TAX RECORDS OF THE TAVERN, INDIVIDUAL AND/OR ENTITY AS PART OF THE INVESTIGATION BY THE PENNSYLVANIA GAMING CONTROL BOARD, BUREAU OF INVESTIGATIONS AND ENFORCEMENT ("BUREAU"). YOUR SIGNATURE ON THIS FORM ALSO REPRESENTS A WAIVER OF CONFIDENTIALITY OF TAX INFORMATION. YOUR SIGNATURE ALLOWS THE DOR AND DLI TO PROVIDE TAX INFORMATION TO THE BUREAU AND ITS AUTHORIZED INVESTIGATORY AGENTS. IN ADDITION, YOUR SIGNATURE AUTHORIZES THE DOR, DLI AND THE BUREAU TO PROVIDE YOUR TAX INFORMATION TO THE PENNSYLVANIA LIQUOR CONTROL BOARD.

_____ _____

NAME AS LISTED ON TAX RETURN — EMPLOYER IDENTIFICATION NUMBER/TAX IDENTIFICATION NUMBER/SOCIAL SECURITY NUMBER

_____ _____ _____ _____

ADDRESS — CITY — STATE — ZIP CODE

I CERTIFY THAT I AM THE INDIVIDUAL WHOSE TAX RECORDS ARE TO BE REVIEWED. IF THE TAX RECORDS ARE FOR AN ENTITY, I CERTIFY THAT I AM THE AUTHORIZED SIGNATORY FOR THE APPLICANT.

_____ _____ _____

APPLICANT SIGNATURE — TELEPHONE NUMBER — DATE

INITIALS_____

LID NO. _____ **LICENSE NO. _____**

AFFIDAVIT AND WAIVER OF LIABILITY

STATE OF _____:

SS:

COUNTY OF _____:

THE TAVERN, INDIVIDUAL, AND/OR ENTITY DOES HEREBY GIVE FULL CONSENT TO THE PENNSYLVANIA GAMING CONTROL BOARD, BUREAU OF INVESTIGATIONS AND ENFORCEMENT ("BUREAU") TO CONDUCT A FULL BACKGROUND INVESTIGATION OF THE APPLICATION(S) SUBMITTED TO THE PENNSYLVANIA LIQUOR CONTROL BOARD ("BOARD") FOR A LICENSE TO CONDUCT TAVERN GAMES AT ITS LICENSED PREMISES. THE TAVERN, INDIVIDUAL, AND/OR ENTITY DOES HEREBY GIVE FULL CONSENT TO THE RELEASE OF ALL BACKGROUND INVESTIGATION INFORMATION TO THE BOARD.

THE TAVERN, INDIVIDUAL, AND/OR ENTITY DOES HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT THERE IS NO MISREPRESENTATION, FALSIFICATION OR OMISSION IN THIS APPLICATION. FURTHER, THE TAVERN, INDIVIDUAL, AND/OR ENTITY IS AWARE THAT ANY FALSE OR MISLEADING STATEMENT OR OMITTED INFORMATION WILL BE CAUSE FOR REJECTION OF A TAVERN GAMING LICENSE AND MAY BE SUBJECT TO CRIMINAL PENALTIES UNDER 18 PA. C.S.A. §§ 4902, 4903 AND 4904.

THE TAVERN, INDIVIDUAL, AND/OR ENTITY AGREES TO THE TERMS OF APPLICATION AND LICENSURE IN THE LOCAL OPTION SMALL GAMES OF CHANCE ACT ("ACT"), THE BOARD'S REGULATIONS, AND THE PENNSYLVANIA DEPARTMENT OF REVENUE ("DOR") REGULATIONS AND AGREES, IF LICENSED, TO ABIDE BY THE SAME.

APPLICANT AGREES TO:

1. PROVIDE ANY ASSISTANCE OR INFORMATION REQUIRED BY THE BOARD, BUREAU AND/OR DOR AND TO COOPERATE IN ANY INQUIRY, INVESTIGATION OR HEARING;
2. CONSENT TO INSPECTION OF THE PREMISES APPLYING FOR OR SEEKING RENEWAL OF A LICENSE TO CONDUCT TAVERN GAMES ;
3. INFORM THE BOARD, BUREAU AND/OR DOR OF ANY ACTIONS WHICH APPLICANT BELIEVES WOULD CONSTITUTE A VIOLATION OF THE ACT OR ASSOCIATED REGULATIONS; AND
4. INFORM THE BOARD AND BUREAU OF ANY ARRESTS FOR ANY CRIMINAL VIOLATIONS OR OFFENSES INCLUDING THOSE ENUMERATED UNDER 18 PA. C.S.A. (RELATING TO CRIMES AND OFFENSES).

THE TAVERN, INDIVIDUAL, AND/OR ENTITY HEREBY EXPRESSLY WAIVES, RELEASES, AND FOREVER DISCHARGES THE BOARD, THE BUREAU, THE DOR, THE DEPARTMENT OF LABOR AND INDUSTRY ("DLI"), PENNSYLVANIA STATE POLICE ("PSP"), THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES, AND THEIR AGENTS, EMPLOYEES AND REPRESENTATIVES FROM ANY AND ALL MANNER OF ACTION AND CAUSES OF ACTION WHATSOEVER WHICH ITS ADMINISTRATORS OR EXECUTORS CAN, SHALL, OR MAY HAVE AGAINST THE COMMONWEALTH OF PENNSYLVANIA, BOARD, BUREAU, DOR, AND/OR PSP AND THEIR AGENTS, AS A RESULT OF APPLYING FOR THE LICENSED PRIVILEGE OF CONDUCTING TAVERN GAMES IN THE COMMONWEALTH OF PENNSYLVANIA.

FURTHERMORE, THE APPLICANT WAIVES LIABILITY AS TO THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES AND AGENTS, FOR ANY DAMAGES RESULTING TO THE APPLICANT FROM ANY DISCLOSURE OR PUBLICATION, IN ANY MANNER, OTHER THAN A WILLFUL UNLAWFUL DISCLOSURE OR PUBLICATION, OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE LICENSING PROCESS OR DURING ANY INQUIRIES, INVESTIGATIONS OR HEARINGS RELATED THERETO.

APPLICANT CERTIFICATION (REQUIRED) DATE: ____/____/20___

_____
NAME OF APPLICANT

_____
SIGNATURE OF APPLICANT

_____
INDIVIDUAL PREPARING THIS FORM IF DIFFERENT FROM APPLICANT

_____
NAME, TITLE AND SIGNATURE

SUBSCRIBED AND SWORN TO ME THIS _____DAY OF

_____ OF 20_____.

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES ON _____/_____/20___

INITIALS_____

PENNSYLVANIA GAMING CONTROL BOARD
APPLICATION RELEASE AUTHORIZATION

THIS RELEASE AUTHORIZATION EXTENDS TO THE REVIEW AND COPYING OF ANY INFORMATION PROTECTED FROM DISCLOSURE, PRIVILEGE OR OBLIGATION.

TO: ALL COURTS, PROBATION DEPARTMENTS, EMPLOYERS, BANKS, FINANCIAL AND OTHER SUCH INSTITUTIONS, AND ALL GOVERNMENTAL AGENCIES-FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC.

FROM: _____
LEGAL NAME OF APPLICANT OR INDIVIDUAL (PLEASE PRINT)

I, THE UNDERSIGNED APPLICANT, HAVE FILED AN APPLICATION FOR A TAVERN GAMING LICENSE WITH THE PENNSYLVANIA LIQUOR CONTROL BOARD. I UNDERSTAND THAT A BACKGROUND INVESTIGATION OF ME WILL BE CONDUCTED BY AGENTS OF THE PENNSYLVANIA GAMING CONTROL BOARD'S BUREAU OF INVESTIGATIONS AND ENFORCEMENT PURSUANT TO THEIR STATUTORY DUTY TO INVESTIGATE THE CHARACTER, HONESTY, INTEGRITY AND SUITABILITY OF MYSELF AND ANY ENTITY WITH WHICH I AM ASSOCIATED. I UNDERSTAND THAT I AM SEEKING THE GRANTING OF A PRIVILEGE AND ACKNOWLEDGE THAT IT IS AT ALL TIMES MY BURDEN TO PROVE MY QUALIFICATIONS AND SUITABILITY FOR A FAVORABLE DETERMINATION. I ACCEPT ANY RISK OF ADVERSE PUBLIC NOTICE, EMBARRASSMENT, CRITICISM, OR OTHER ACTION OR FINANCIAL LOSS WHICH MAY RESULT FROM ACTION WITH RESPECT TO THIS APPLICATION.

I HEREBY AUTHORIZE AND REQUEST ALL PERSONS, AND INSTITUTIONS, AND EVERY FEDERAL, STATE, OR LOCAL GOVERNMENTAL AGENCY, INCLUDING BUT NOT LIMITED TO EVERY COURT, LAW ENFORCEMENT AGENCY, CRIMINAL JUSTICE AGENCY, OR PROBATION DEPARTMENT, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED, HAVING INFORMATION RELATING TO OR CONCERNING ME, REFERENCED HEREIN ABOVE TO FURNISH SUCH INFORMATION, INCLUDING THE REVIEW AND COPYING OF DOCUMENTS, TO THE PENNSYLVANIA GAMING CONTROL BOARD, ITS AGENTS AND THE PENNSYLVANIA LIQUOR CONTROL BOARD AND ITS AGENTS WHETHER OR NOT SUCH INFORMATION WOULD OTHERWISE BE PROTECTED FROM DISCLOSURE BY ANY CONSTITUTIONAL, STATUTORY, OR OTHER LEGAL PRIVILEGE.

THIS RELEASE AUTHORIZATION EXPIRES THIRTY-SIX (36) MONTHS FROM THE DATE OF ISSUANCE OR AT THE TERMINATION OF A TAVERN GAMING LICENSE ISSUED TO ME.

IF THE PERSON OR ENTITY TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED IS A BROKERAGE FIRM, BANK, SAVINGS AND LOAN, OR OTHER FINANCIAL INSTITUTION OR AN OFFICER OF THE SAME, I HEREBY AUTHORIZE AND REQUEST THAT THE PENNSYLVANIA GAMING CONTROL BOARD, ITS AGENTS AND THE PENNSYLVANIA LIQUOR CONTROL BOARD AND ITS AGENTS BE PERMITTED TO REVIEW AND OBTAIN COPIES OF ANY AND ALL DOCUMENTS, RECORDS, OR CORRESPONDENCE PERTAINING TO ME, INCLUDING BUT NOT LIMITED TO PAST LOAN INFORMATION, NOTES COSIGNED BY ME, CHECKING ACCOUNT RECORDS, SAVINGS DEPOSIT RECORDS, SAFE DEPOSIT BOX RECORDS, PASSBOOK RECORDS, AND GENERAL LEDGER FOLIO SHEETS.

IF THIS RELEASE AUTHORIZATION IS PRESENTED TO A REGULATORY AGENCY, INCLUDING ANY GRIEVANCE OR DISCIPLINARY AGENCY, IN ANY JURISDICTION TO WHICH I HAVE BEEN GRANTED A PERMIT, LICENSE, CREDENTIAL, PRIVILEGE OR ANY SIMILAR AUTHORITY, I HEREBY AUTHORIZE AND REQUEST THAT THE PENNSYLVANIA GAMING CONTROL BOARD, ITS AGENTS AND THE PENNSYLVANIA LIQUOR CONTROL BOARD AND ITS AGENTS BE PERMITTED BY SAID AGENCY TO REVIEW AND OBTAIN COPIES OF ANY AND ALL DOCUMENTS, RECORDS, OR CORRESPONDENCE PERTAINING TO ME, AND I HEREBY AUTHORIZE SAID AGENCY, TO MAKE FULL AND COMPLETE DISCLOSURE OF ANY AND ALL INFORMATION INCLUDING, BUT NOT LIMITED TO, COMPLAINTS FILED AGAINST ME, DISPOSITION THEREOF, IMPOSITION OF DISCIPLINE, WHETHER PRIVATE OR PUBLIC, AS WELL AS SUCH OTHER INFORMATION ON FILE OR AVAILABLE CONCERNING ME.

IF THIS RELEASE AUTHORIZATION IS PRESENTED TO A FEDERAL, STATE OR LOCAL TAXING AUTHORITY, INCLUDING THE INTERNAL REVENUE SERVICE OR OTHER INCOME TAXING AUTHORITY, PERSONAL PROPERTY TAXING AUTHORITY, WAGE TAXING AUTHORITY, SCHOOL TAXING AUTHORITY, AND ANY OTHER TAXING BODY AS MAY RECEIVE TAXES OR RETURNS FILED BY ME, I HEREBY AUTHORIZE AND REQUEST THAT ANY DULY AUTHORIZED INVESTIGATOR OF THE PENNSYLVANIA

INITIALS_____

GAMING CONTROL BOARD AND/OR THE PENNSYLVANIA LIQUOR CONTROL BOARD BE PERMITTED BY SAID TAXING AUTHORITY TO REVIEW AND OBTAIN COPIES OF ANY AND ALL DOCUMENTS, RECORDS, TAX RETURNS, SCHEDULES AND SUPPORTING DOCUMENTATION, AUDITS, REPORTS, OR CORRESPONDENCE PERTAINING TO ME, AND I HEREBY AUTHORIZE SAID TAXING AUTHORITY TO MAKE FULL AND COMPLETE DISCLOSURE OF ANY AND ALL INFORMATION ON FILE OR AVAILABLE CONCERNING ME.

THE RIGHTS AND POWERS HEREIN GRANTED ARE INTENDED TO FACILITATE THE BACKGROUND INVESTIGATION BEING CONDUCTED BY THE PENNSYLVANIA GAMING CONTROL BOARD AND ITS AGENTS AT MY REQUEST AND ARE NOT OTHERWISE INTENDED TO CREATE OR ESTABLISH A FIDUCIARY RELATIONSHIP BETWEEN THE PENNSYLVANIA GAMING CONTROL BOARD, ITS AGENTS OR EMPLOYEES AND ME, OR THE PENNSYLVANIA LIQUOR CONTROL BOARD, ITS AGENTS AND EMPLOYEES AND ME. I HEREBY ACKNOWLEDGE THAT NO SUCH RELATIONSHIP EXISTS.

I HEREBY RELEASE, REMISE, INDEMNIFY, HOLD HARMLESS, AND FOREVER DISCHARGE THE PERSON OR ENTITY TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED, THE COMMONWEALTH OF PENNSYLVANIA, THE PENNSYLVANIA LIQUOR CONTROL BOARD AND THE PENNSYLVANIA GAMING CONTROL BOARD AND THEIR AGENTS AND EMPLOYEES FROM ANY AND ALL MANNER OF ACTION, CAUSES OF ACTION, SUITS, DEBTS, JUDGMENTS, EXECUTIONS, CLAIMS, DAMAGES, LOSSES, EXPENSES INCLUDING ATTORNEY FEES, AND DEMANDS WHATSOEVER, KNOWN OR UNKNOWN, IN LAW OR EQUITY, WHICH I EVER HAD, NOW HAVE, MAY HAVE, OR CLAIM TO HAVE AGAINST THE AFOREMENTIONED PERSONS OR ENTITIES TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED BY THE COMMONWEALTH OF PENNSYLVANIA, THE PENNSYLVANIA LIQUOR CONTROL BOARD AND THE PENNSYLVANIA GAMING CONTROL BOARD AND THEIR AGENTS OR EMPLOYEES ARISING OUT OF OR BY REASON OF COMPLYING WITH THIS RELEASE AUTHORIZATION OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION OF MATERIAL OR INFORMATION ACQUIRED DURING MY INVESTIGATION.

I HEREBY AUTHORIZE THE PENNSYLVANIA GAMING CONTROL BOARD TO DISCLOSE ANY INFORMATION OBTAINED THROUGH MY BACKGROUND INVESTIGATION TO THE PENNSYLVANIA LIQUOR CONTROL BOARD.

A REPRODUCTION OF THIS REQUEST BY PHOTOCOPY, FACSIMILE OR SIMILAR PROCESS SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL.

THIS AUTHORIZATION, REQUEST AND RELEASE IS GRANTED AND GIVEN IN CONNECTION WITH THE APPLICATION OF THE APPLICANT OR INDIVIDUAL LISTED ABOVE.

SWORN AND SUBSCRIBED TO ME ON THIS

____DAY OF_____, 20____.

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES ON: _____/_____/20____

_____
(SIGNATURE OF APPLICANT OR INDIVIDUAL)

DATED: _____

INITIALS_____

PENNSYLVANIA LIQUOR CONTROL BOARD
TAVERN GAMING LICENSE
FINGERPRINT PACKET INSTRUCTIONS

As part of your background investigation, the Pennsylvania Gaming Control Board, Bureau of Investigations and Enforcement ("Bureau") requires that you provide an **original** Criminal History Summary from the Federal Bureau of Investigation ("FBI"). This will require you to submit your fingerprints to the FBI, obtain a Criminal History Summary from the FBI, and submit the Criminal History Summary as Appendix 4 of the Individual Application and Disclosure Information Form. Your application will not be considered complete without an **original** Criminal History Summary or documentation from the FBI indicating that no record exists.

To obtain a Criminal History Summary:

1. Obtain a set of fingerprints. Fingerprints must be provided on a standard fingerprint form (FD-258), a copy of which is attached. You must provide a complete set of fingerprints, which may be taken with ink or live scan technology. Fingerprints can be obtained from your local police department.
2. Complete the attached request form.
3. Submit the completed request form, check or money order payable to the Treasury of the United States, and fingerprints to the FBI at the address noted on the form.
4. Await response and Criminal History Summary from the FBI.
5. After you have received a Criminal History Summary from the FBI, submit the **original** Criminal History Summary (or documentation from the FBI indicating that no record exists) as part of your application. Keep a copy for your records.

If you have any questions regarding the fingerprint process, please send an email to TavernGamesPGCB@pa.gov and include your telephone number.

FBI Criminal History Summary Checks
Frequently Asked Questions

1. Does the FBI accept personal checks, business checks, or cash?

No. Do not send personal checks, business checks, or cash, as they are not an acceptable form of payment for Departmental Order (DO) requests. Personal or business checks submitted with a DO request will not be returned. The CJIS Division will destroy the monetary instrument and will provide the customer a letter explaining why the monetary instrument could not be used.

2. What if my fingerprints are continuously rejected?

Have multiple sets of fingerprints taken, preferably by a fingerprinting technician. (This service may be available at a law enforcement agency). Mail all fingerprint forms to the CJIS Division with your request. For more information on taking legible fingerprints, refer to the Recording Legible Fingerprints brochure.
Note: The FBI **does not** provide name checks for DO requests.

3. Can I use the fingerprint card I download from this site?

Yes, but if you go to a law enforcement agency or private fingerprinting agency to be fingerprinted, they may prefer to use a fingerprint card on standard card stock. You may use the fingerprint card provided by the printing agency.

4. Will my fingerprint card be returned?

No. Due to concerns related to the protection of personally identifiable information, fingerprint cards are no longer being returned either for a "no summary" response or with a Criminal History Summary.

5. How do I notify the FBI if my address has changed since I submitted my request for my Criminal History Summary or if I want to verify my correct address was submitted?

Please complete and sign the Address Change Request Form and fax it to (304) 625-9792, or scan the form and e-mail it to liaison@leo.gov.
Note: Changes will not be made unless a signature is present on the form.

6. Does the FBI provide apostilles*?

(*An apostille is a certification that a document has been "legalized" or "authenticated" by the issuing agency through a process in which various seals are placed on the document.)

The CJIS Division will authenticate all U.S. Department of Justice Order 556-73 fingerprint search results by placing the FBI seal and the signature of a division official on the results at the time of submission.***Note:*** *The FBI seal is no longer a raised seal.* Documents authenticated by the FBI may then be sent to the U.S. Department of State by the requestor to obtain an apostille if necessary. Requests to authenticate previously processed results will not be accepted. **Note:** If a Channeler will be used and an authentication (apostille) is needed, please contact the Channeler to determine if this service is provided.

7. How do I challenge my FBI record?

Review the Challenge of a Criminal History Summary to obtain information regarding your FBI Criminal History Summary.

8. How can law enforcement entities request certified copies of fingerprints and/or Criminal History Summary information?

Visit the Certified Copies of Fingerprint and/or Criminal History Summaries page to obtain information on requesting certified copies of fingerprints and/or Criminal History Summary information by law enforcement entities.

Note: *An individual cannot request a certified copy of fingerprints and/or Criminal History Summary information.*

FBI CRIMINAL HISTORY SUMMARY CHECKS
CHECKLIST

PLEASE CHECK THE BOXES TO ENSURE THAT YOU HAVE INCLUDED EVERYTHING NEEDED TO PROCESS YOUR REQUEST.

- ☐ INCLUDE A COMPLETED APPLICATION FORM.

- ☐ SIGN YOUR APPLICATION. *NOTE: IF FOR A COUPLE, FAMILY, ETC., ALL MUST SIGN THE APPLICATION.*

- ☐ INCLUDE A COMPLETED FINGERPRINT CARD. A COMPLETED FINGERPRINT CARD INCLUDES THE FOLLOWING:
  1. NAME
  2. DATE OF BIRTH
  3. DESCRIPTIVE DATA
  4. ALL 10 ROLLED FINGERPRINT IMPRESSIONS.
  5. THE PLAIN IMPRESSIONS INCLUDING THUMBS OF BOTH HANDS.
  6. CURRENT FINGERPRINT CARD-NO OLDER THAN 18 MONTHS.

- ☐ INCLUDE A CREDIT CARD PAYMENT FORM, CERTIFIED CHECK*, OR MONEY ORDER FOR $18.00 PER REQUEST. *NOTE: THIS AMOUNT MUST BE EXACT.*

- ☐ IF USING A CREDIT CARD, PLEASE ENSURE THE CREDIT CARD PAYMENT FORM IS FILLED OUT COMPLETELY. **DON'T FORGET TO INCLUDE THE EXPIRATION DATE OF THE CREDIT CARD THAT YOU ARE USING.**

- ☐ IF PAYING WITH A CERTIFIED CHECK OR MONEY ORDER, MAKE IT PAYABLE TO THE **TREASURY OF THE UNITED STATES**.

CASH OR PERSONAL/BUSINESS CHECKS
ARE NOT AN ACCEPTED FORM OF PAYMENT.

- ☐ **INCLUDE A FORM OF CONTACT INFORMATION (I.E., E-MAIL, TELEPHONE NUMBER) IN CASE WE NEED TO CONTACT YOU.**

**TO ISSUE A CERTIFIED CHECK, THE BANK VERIFIES THAT SUFFICIENT FUNDS EXIST IN THE REQUESTOR'S ACCOUNT TO COVER THE CHECK AND SO CERTIFIES PAYMENT AT THE TIME THE CHECK IS WRITTEN. THOSE FUNDS ARE THEN SET ASIDE IN THE BANK'S INTERNAL ACCOUNT UNTIL THE CHECK IS CASHED OR RETURNED TO THE PAYEE.*

APPLICANT
* See Privacy Act Notice on Back

FD-258 (REV.12-10-07)

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

ORI

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month Day Year

CITIZENSHIP CTZ

SEX | RACE | HGT. | WGT. | EYES | HAIR | PLACE OF BIRTH POB

DATE | SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

CLASS

ARMED FORCES NO. MNU

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

REF.

MISCELLANEOUS NO. MNU

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE

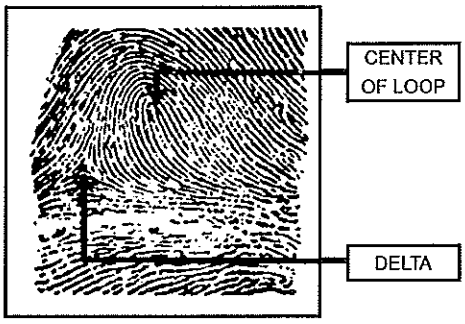
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY | L. THUMB | R. THUMB | RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

COPY

1110-0046 3/21/2010

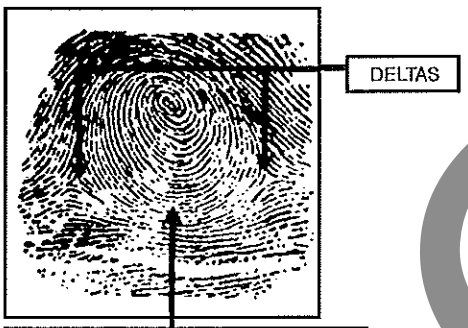
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
CJIS DIVISION/CLARKSBURG, WV 26306

1. LOOP



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH

ARCHES HAVE NO DELTAS

FD-258 (REV. 12-10-07)

APPLICANT

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STSTES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy criminal and civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation.

Ensure all information is typed or legibly printed using blue or black ink.
Enter data within the boundaries of the designated field or block.
Complete all required fields. (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)

* The required fields for hard copy fingerprint cards are: originating agency identifier number - date of birth - place of birth - name - sex fingerprint impressions - any applicable state stamp - Other (race, height, weight, eye color, hair color)

* criminal fingerprint cards also require an arrest charge and date of arrest.
* civil fingerprint cards also require a reason fingerprinted and date fingerprinted

Do not use highlighters on fingerprint cards.
Do not enter data or labels within 'Leave Blank' areas.
Ensure the 'Reply Desired' field is checked when applicable (criminal only).
Ensure fingerprint impressions are rolled completely from nail to nail.
Ensure fingerprint impressions are in the correct sequence.
Ensure notations are made for any missing fingerprint impression (i.e. amputation).
Do not use more than two rolabs per fingerprint impression block.
Ensure no stray marks are within the fingerprint impression blocks.

Training aids can be ordered online via the Internet by accessing the FBI's website at: fbi.gov, click on 'Fingerprints', then click on 'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Identification and Investigative Services Section's Customer Service Group at (304) 625-5590 or by e-mail at <liaison@leo.gov>.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

INSTRUCTIONS:

* 1. PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
3. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.

** MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. [FP], ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).

COPY

I-783 (Rev. 7-1-2013) OMB-1110-0052

PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of criminal history identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

Applicant Information **** Denotes Required Fields***

*Last Name _____ *First Name _____

Middle Name 1 _____ Middle Name 2 _____

*Date of Birth: _____ *Place of Birth: _____ U.S. Citizen or Legal Permanent Resident: Yes ◯ No ◯

*Country of Citizenship: _____ Country of Residence: _____ Prisoner Number (if applicable): _____

*Last Four Digits of Social Security Number: _____

*Height: _____ *Weight: _____

*Hair *(please check appropriate box):*

☐ Bald ☐ Black ☐ Blonde/Strawberry ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Orange ☐ Pink
☐ Purple ☐ Red/Auburn ☐ Sandy ☐ Unknown ☐ White

*Eyes (please check appropriate box):

☐ Black ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Multicolored ☐ Pink ☐ Unknown

Applicant Home Address

*Address _____

*City _____ *State _____

*Postal (Zip) Code _____ *Country _____

Phone Number _____ E-Mail _____

Mail Results to Address

C/O _____ ATTN _____

Address _____

City _____ State _____

Postal (Zip) Code _____ Country _____

Phone Number (if different from above) _____

Payment Enclosed: *(please check appropriate box)*

☐ CERTIFIED CHECK ☐ MONEY ORDER ☐ CREDIT CARD FORM

Reason for Request:

☐ Personal review ☐ Challenge information on your record ☐ Adoption of a child in the U.S.
☐ International adoption ☐ Live, work, or travel in a foreign country ☐ Other

*** APPLICANT SIGNATURE** _____ **DATE** _____

Mail the signed applicant information form, fingerprint card, and payment of $18 U.S. dollars to the following address:

FBI CJIS Division – Summary Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

You may request a copy of your own Criminal History Summary to review it or obtain a change, correction, or an update to the summary.

I-786 (1-31-10)

Credit Card Payment Form

* Denotes Required Fields

Applicant Name

* Name
(as it appears on credit card)
Company Name (if applicable)
* Billing Address
Billing Address 2
* City
* State/Province
* Postal (ZIP) Code
* Country

*** Credit Card #:**

* Expiration Date (MM/YYYY)
* Total Amount To Be Billed To Credit Card $
(x $18 US Dollars Per Request)

* Card Holder Signature _____

No Charge Backs or Refunds
All Sales Final