

**CRIMINAL HISTORY RECORD CHECK AUTHORIZATION FORM**  
**USE FOR APPLICANT PURPOSES**  
**(PLEASE PRINT OR TYPE ALL INFORMATION IN BLACK INK)**  
**Present this completed form to the State Bureau of Identification on the day of fingerprinting**

\_\_\_\_\_  
LAST NAME FIRST NAME MI SUFFIX

ALIASES: MAIDEN / PREVIOUS LAST NAMES

\_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY # \_\_\_\_-\_\_\_\_-\_\_\_\_

SEX \_\_\_\_ RACE \_\_\_\_ HGT \_\_\_\_ WGT \_\_\_\_ EYES \_\_\_\_ HAIR \_\_\_\_

PLACE OF BIRTH (STATE) \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ Zip: \_\_\_\_\_

**MAIL THE RESULTS OF MY CRIMINAL HISTORY REQUEST TO:**

Name/Company: Delaware Transit Corporation  
Attn: Public Carrier's Office  
Address: 119 Lower Beech Street  
City/State: Wilmington, Delaware Zip: 19905-4440  
1-800-652-3278 Option 7

**AUTHORIZATION TO RELEASE INFORMATION:**

As an applicant, I authorize release of any and all information that you have concerning me, including CRIMINAL HISTORY RECORD INFORMATION and other information of a confidential or privilege nature. I hereby release you, your organization, the State of Delaware and others from any liability or damage, which may result from furnishing this information:

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

Telephone Number Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.

OFFICIAL USE ONLY

**Taxicab/Limousine Driver**  
**"Z" Endorsement**

\_\_\_\_\_/\_\_\_\_\_  
Code Time

REASON FINGERPRINTED