



Request for Criminal Record Check

DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation

120 State Street
Montpelier, Vermont 05603-0001
802.828.2038
802.828.2092
Toll Free: 888-99-VERMONT
TTD: 711

dmv.vermont.gov

Hiring Manager (DMV Only) _____

Applicants Name:

Last	First	Middle
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Maiden Name: _____

Other Alias Names: _____

Social Security #: _____

Place of Birth:

City / Town	State	Country
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Date of Birth: _____ **Telephone #:** _____

Month	Day	Year	Area Code	Number
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I, _____ hereby acknowledge and agree to a check of any criminal record or convictions which may be maintained by the Vermont Criminal Information Center (VCIC) and the National Crime Information Center (NCIC). I understand the result will be made available to the Vermont Department of Motor Vehicles for use in reviewing my suitability for employment, volunteer work or licensing requirements. I further understand I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT 05671-2101.

Signature of Applicant: _____ **Date:** _____

Subscribed and sworn before me this _____ day of _____, 20____ in the city of _____, county of _____, State of Vermont in the United States of America.

Notary Public

Date