



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

**DMV ONLY
Hiring Manager**

Applicants Name: _____
Last First Middle

Maiden Name: _____

Other Alias Names: _____

Social Security #: _____ **Date of Birth:** _____

Place of Birth: _____
City / Town State Country

Telephone email

I, _____ hereby acknowledge and agree to a check of any criminal record or convictions which may be maintained by the Vermont Criminal Information Center. 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