

ATTACHMENT 3

REQUEST FOR FDLE CRIMINAL HISTORY INFORMATION

TO FDLE

User Services Bureau
Post Office Box 2489
Tallahassee, FL 32302-1489

FACILITY NUMBER 524140
DC&F District Suncoast Region #23
From: Pinellas County License Program
8751 Ulmerton Road, Suite 2000
Largo, FL 33771
Telephone: 727-507-4857

THE MORE COMPLETE THIS INFORMATION, THE BETTER THE SEARCH AND ASSOCIATED RESULTS WILL BE. PLEASE TYPE OR PRINT CLEARLY.

Applicant Name: _____

Last
First
Middle

Other names applicant has used (include maiden names and nicknames)

Date of Birth: _____

Race (check one): ☐ Black ☐ White ☐ Asian ☐ American Indian
☐ Alaskan ☐ Native ☐ Unknown

Sex: (check one): ☒ Male ☐ Female

Social Security Number: _____

Address: _____

I certify that the person listed above is a volunteer (intern) or a caretaker employee requiring a five-year rescreening. I understand that the Legislature has established a reduced payment of \$8.00 for the criminal history checks of these persons.

Signature

Date _____