

NCDPS
DIVISION OF ADULT CORRECTION-PRISON
CRIMINAL BACKGROUND CHECK REQUEST FORM
(PIN CHECK)

In order for the request to be processed ALL items must be filled out.

NAME OF APPLICANT: _____ Date: _____

If legal Name has changed within the last (2) two years provide prior name: _____

Purpose of Request: (ex. Employment or Volunteer) _____ **VOLUNTEER** _____

Date of Birth: _____ Race: _____ Sex: _____

Operator License Number (DL): _____ State of Issue: _____

Complete Social Security Number: _____ **(ALL NINE NUMBERS ARE REQUIRED)**

Phone Number: _____

Home Address: _____

Secondary Address: (If at current address less than (5) years)

*****BELOW THIS LINE OFFICE USE ONLY*****

Requested By: _____

Phone Number: _____ ext. _____

Date of Request: _____

Pin Check Completed By: _____ Date: _____

Approved by: _____ Date: _____

Notes: _____
