

PALM BEACH COUNTY
SHERIFF'S OFFICE

RIC L. BRADSHAW, SHERIFF



APPLICATION FOR NCIC/FCIC CRIMINAL HISTORY VERIFICATION

Last Name _____ First Name _____ Middle Initial _____

Alias (if any) _____

Race _____ Sex _____ DOB _____

DL # _____ DL Issued by State of _____

Place of Birth _____ Social Security # _____

Hair Color _____ Eye Color _____ Height _____ Weight _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Cell Number _____

E-Mail Address _____

Emergency Contact _____ Phone # _____ Relation _____

Company Name _____

Position/Title _____

PBSO Section Name _____

PBSO Contact Name _____

This individual will require: ☐ Escorted Access ☐ Unescorted Access

This individual will require access to a Corrections Facility: ☐ Yes ☐ No

Please note that any felony convictions will automatically disqualify applicants from being granted unescorted access. Any arrest history will require a review by the Florida Department of Law Enforcement prior to final approval of unescorted access.

This application must be filled out in its entirety in order to be processed.

I authorize the Palm Beach County Sheriff's Office to complete a background check.

Signature of Applicant _____ Date: _____

3228 Gun Club Road West Palm Beach, Florida 33406-3001 (561) 688-3000 <http://www.pbso.org>