

10-Year Past Residency

AUTHORIZATION TO CONDUCT CRIMINAL HISTORY SEARCH

APPLICANTS, PLEASE LIST ALL PAST RESIDENCY BY **COUNTY AND STATE** FOR LAST TEN (10) YEARS. IF YOU DO NOT KNOW COUNTY GIVE AT LEAST ZIP CODE OR CITY AND STATE.

| | | |
|---------------|--------------|--------------|
| _____ | _____ | _____ |
| COUNTY | STATE | YEARS |
| _____ | _____ | _____ |
| COUNTY | STATE | YEARS |
| _____ | _____ | _____ |
| COUNTY | STATE | YEARS |
| _____ | _____ | _____ |
| COUNTY | STATE | YEARS |
| _____ | _____ | _____ |
| COUNTY | STATE | YEARS |
| _____ | _____ | _____ |
| COUNTY | STATE | YEARS |

SIGNATURE

DATE

PRINT NAME

ALIAS NAMES: _____
