

OSCODA COUNTY SHERIFF DEPARTMENT CRIMINAL RECORD CHECK FORM

APPLICANT FOR:	<input type="checkbox"/> Criminal Justice Employment	<input type="checkbox"/> Liquor License	<input type="checkbox"/> Concealed Weapons License
	<input type="checkbox"/> Other govt Employment	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Purchase Permit

FULL NAME				SOCIAL SECURITY NUMBER		
RACE	SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	STATE OF BIRTH
DRIVERS LICENSE NUMBER			DATE OF BIRTH		TELEPHONE	
ADDRESS						
ADDITIONAL ADDRESSES (LAST 5 YEARS)						
OTHER NUMBERS:						
<input type="checkbox"/>	MILITARY ID# _____			SCARS/MARKS/TATOOS/PIERCED		
<input type="checkbox"/>	MEDICAL MARIJUANA # _____					
<input type="checkbox"/>	CONCEALED WEAPONS # _____					
ALIASES						

I authorize the Oscoda County Sheriff Department to check my criminal record for the purpose indicated above. I further declare that I am a citizen of the United States, a resident of Oscoda County, Michigan, 18 years of age or older, have never been adjudged insane or legally incapacitated unless competency has been restored and declared so by court order. I am not under involuntary commitment due to mental illness, nor am I under indictment for not have I ever been convicted of a felony and I am not under restraint of a Personal Protection Order (PPO).

SIGNATURE: _____

DATE: _____