MUNICIPALITY OF NORRISTOWN

235 East Airy Street Norristown, PA 19401 Phone- 610-292-8281 Fax- 610-292-8090 www.norristown.org todonnell@norristown.org

Church

Child Care

Education

Elder Care

NORRISTOWN FIRE DEPARTMENT PENNSYLVANIA STATE POLICE REQUEST FOR CRIMINAL RECORD CHECK



FOR CENTRAL REPOSITORY USE ONLY

CONTROL NUMBER

This form is to be completed by the requestor – (information will be mailed to the requestor only). If this form is not legible or not properly completed, it will be returned unprocessed to the requestor. A response may take four weeks or longer.

Warning: A person commits a misdemeanor of the third degree if he/she makes a written false statement, which he/she does not believe to be true.			AFTER COMPLETION PLEASE MAIL TO:
Name/Requester:			PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE
Street Address:			HARRISBURG, PA 17110-9758
City:	State:	Zip:	Local Number- 717-425-5546
Contact Telephone Number (including area code):			1-888-QUERYPA (1-888-783-7972)
Name of Subject (First, Middle, Last):			DO NOT SEND CASH OR PERSONAL
Maiden Name and/or Aliases:			СНЕСК
			PLEASE CHECK ONE BLOCK
Date of Birth (Month, Date, Year):		INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – PLEASE ENCLOSE A CERTIFIED	
Sex:	Race:		CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00, PAYABLE TO:
The Pennsylvania State Police response will be based on the comparison of the data provided by the requestor against the information <u>contained in the</u>			"COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE
files of the Pennsylvania State Police Central Repository only			FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE
	L MONEY ORDERS PAYABI		\$10.00 ALTH OF PENNSYLVANIA*** URPOSE OF THIS REQUEST
INTERNATIONAL ADOP	TION- INTERNATIONAL ADOPT	TION MUST BE NOTAR	ZED
Adoption (Domestic)	Employment/Screening		Passport
Attorney	Foster Care		Private Investigations
Banking	Banking Healthcare		Social Services
Bar Association	Housing		Tenant Check

Emergency Management ACCESS AND REVIEW - NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.

__ VISA

____ Volunteer

__ Volunteer Ambulance/Firefighter

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFEDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY

Insurance License

__ Mental Health

___ Other __

____ Nurse Aid Training