



**APPLICANT RECORDS CHECK**

PD 407-161 (Rev. 01-09)

APD-29

page \_\_\_ of \_\_\_

EXAM NO.	LIST NO.	DATE
----------	----------	------

**COMPUTER INQUIRY:**

- SUFFOLK  
  AUXILIARY POLICE SECTION  
  INTERPOL  
  NYC PISTOL LICENSE  
  NLETS  
 NASSAU  
  FAMILY/ASSOCIATE CHECK  
  LEXISNEXIS  
  CREDIT REPORT  
 \_\_\_\_\_

Request that a record check be conducted for the following named Applicant for possible appointment to this Department:

Last Name		First	M.I.	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Occupation
Alias/Maiden Name				Social Security No.		
Height	Ft.	In.	Weight	Race	Date of Birth	Place of Birth

**PRESENT AND FORMER RESIDENCES:**

UNTIL                      STREET ADDRESS                      CITY                      STATE                      ZIP  
 PRESENT

**ALSO REQUEST RECORD OF THE FOLLOWING NAMED RELATIVES AND/OR ASSOCIATES:**

LAST NAME                      FIRST NAME                      ADDRESS                      M/F                      RACE/D.O.B.                      RELATIONSHIP

INVESTIGATOR \_\_\_\_\_ SQUAD NO. \_\_\_\_\_