

FD 407-101 (KeV.	00-19)				Page _	of
Exam No.		List No.		Date		
COMPUTER INQUIRY:	:					
SUFFOLK		AUXILIARY POLICE S	ECTION			
□NASSAU		FAMILY/ASSOCIATE	CHECK			
Request that a record of	check be conducted f	or the following named o	andidate for pos	ssible appoir	ntment to this [Department:
Last Name	First	M.I.	☐ Male	☐ Female	Occupation	
Alias/Maiden Name			Social Security N	0.		
Height Ft. In.	Weight	Race	Date of Birth		Place of Birth	
PRESENT AND FORM UNTIL STRE	ER RESIDENCES: ET ADDRESS	CIT	Υ		STATE	ZIP

Present

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

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

INVESTIGATOR ______ SQUAD NO. _____