DEPART				
	U.S. VIRGIN ISLANDS	POLICE DEPARTMEN	Т	
	POLICE RECORD CHECK			
FULL NAME:	LAST	FIRST	MIDDLE	
ADDRESS (Residential):				
DATE OF BIRTH:				
PLACE OF BIRTH:				
SOCIAL SECURITY NUMBER:				
(Proof of U.S. Citizenship required)				
Signature of Applicant /Da	e (allowing this record	check) Email & Ph	one#	
PURPOSE OF THIS REQUE	ST:			
OFFICIAL USE ONLY				
DATE REQUEST RECEIVED	:			
DATE RECORD CHECK MA	DE:			
REQUEST POSITIVE:		NEGATIVE:		
RECORD CHECK COMPLET	ED BY:			
RECORD CHECK FEE(\$12.0	0):	PAID	NOT PAID	
Please PRINT all information clearly and legibly and make sure that all information is correct				
THANK YOU FOR YOUR COOPERATION				

POLREC-AUG 1-2020