
FOR OFFICE USE ONLY

RECORDS PERSONNEL

COPY OF DRUG TEST RESULTS: ()

COPY OF DRIVER'S LICENSE ATTACHED: () YES

COPY OF DMV PRINTOUT ATTACHED: () YES

APPLICATION CHECKED FOR COMPLETENESS: () YES

APPLICATION FEE PAID: () YES

APPLICATION ACCEPTED BY: _____ 1"X 1" PHOTO ATTACHED: () YES
ID#/Date

(Forward completed application to the OPS Administrative Assistant for Record Checks)

OPS ADMINISTRATIVE ASSISTANT – (Complete checks, attach copies of all printouts, and forward to the Traffic Sgt)

LOCAL RECORDS CHECK: [] SCPD [] SCSO WARRANT CHECK: [] SCPD/SCSO [] CLETS/NCIC

DA PROFILE (FAST RAP): [] COMPLETED BY _____
ID#/DATE

FINGERPRINTED _____ PRINTS RETURNED FROM DOJ: _____
ID#/Date

[] APPROVED [] DISAPPROVED BY: _____ DATE: _____
Name/ID#

TEMPORARY PERMIT NUMBER _____ DATE ISSUED _____

PERMANENT PERMIT NUMBER _____ DATE ISSUED _____

NOTES: