

COLLECT BACKGROUND REPORT Fax to Attention Tracie Gadrow 860-920-3081 – OR
FOR VENDORS/CONTRACTORS Email scanned forms to tracie.gadrow@ct.gov

NAME _____			D.O.B. _____		
(LAST)	(FIRST)	(MI)	(MM/DD/YYYY)		
MAIDEN NAME _____			SSN _____		
HGT. _____	WGT. _____	RACE _____	SEX _____	EYES _____	HAIR _____
SCARS TATTOOS _____			VENDOR: _____		
DRIVER'S LICENSE # _____			STATE _____		
CO. CONTACT EMAIL: _____			PHONE: _____		

OFFICIAL USE ONLY – DO NOT COMPLETE:

	<u>POSITIVE RESPONSE</u>	<u>NO PRIOR CONVICTIONS</u>
FL02 DRIVER INFO _____	<input type="checkbox"/>	<input type="checkbox"/>
FLQW CT VEHICLE/WANTED INQ.	<input type="checkbox"/>	<input type="checkbox"/>
SPRC CT MASTER FILE	<input type="checkbox"/>	<input type="checkbox"/>
SPSC CT SUSPENSE FILE	<input type="checkbox"/>	<input type="checkbox"/>
OBTS OFF. BASED TRACKING CHECK	<input type="checkbox"/>	<input type="checkbox"/>
FLQH INTERSTATE III CHECK	<input type="checkbox"/>	<input type="checkbox"/>
RT45SS DOC SS CHECK	<input type="checkbox"/>	<input type="checkbox"/>
RT45NM DOC NAME CHECK	<input type="checkbox"/>	<input type="checkbox"/>
FLIQ OUT OF STATE CHECKS		
RI _____	<input type="checkbox"/>	<input type="checkbox"/>
NY _____	<input type="checkbox"/>	<input type="checkbox"/>
MA _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

CHECK COMPLETED BY _____ DATE _____

Comments/Findings:		OFFICIAL USE ONLY:			
Arrest Date:	Arresting Agency/Docket Number:	Charge:	Level: Misd. or Fel.	Date Disposed:	Court Disposition:

Please note: this form will not be processed if incomplete or illegible
Please read and sign below in the presence of a witness

ACKNOWLEDGEMENT

I, the undersigned, acknowledge and understand that the Connecticut Department of Correction (CTDOC) can deny any individual entry to any correctional facility administered by the CTDOC at any time.

Signature of Applicant _____ Date Signed _____

Signature of Witness _____ Date Signed _____