



**Rhode Island Department of Labor and Training
 Division of Professional Regulation
 1511 Pontiac Avenue, Cranston, RI 02920
 Telephone (401) 462-8533 | Fax (401) 462-8528
 www.dlt.ri.gov**

AUTHORIZATION FOR BACKGROUND CHECK AND RELEASE

Company Name _____

Address _____

City, State, Zip Code _____

I, _____,
 Full Name and Title

 Maiden Name or Former Name

Of _____,
 Residence Address, City, State, Zip Code

having a date of birth of _____ and social security number of _____ hereby voluntarily direct and authorize the Division of Professional Regulations of the RI Department of Labor and Training to utilize the above information as part of its evaluation of my general character and financial condition. The information may be used for purposes of obtaining a credit report on me and/or may be shared with the Bureau of Criminal Identification of the Department of the Attorney General for the State of Rhode Island to make available to the Department of Labor and Training any criminal record or other disposition that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests there from, whatsoever against the State of Rhode Island, the Bureau of Criminal Identification, the Attorney General, the Department of Labor and Training, the employees of the Attorney General's Office and the employees and officials of the Department of Labor and Training in both law and equity which I may now have or in the future may have.

Upon submission of an application for licensure or a change in a licensee's officers, directors, manager or principal owner as defined in R. I. Gen. Laws § 19-14-1(10), each such officer, director, manager or principal owner must provide a signed response to the questions
 (Additional copies of this form may be reproduced as needed.)

Attach copy of a Photo ID (i.e. Valid Drivers License or ID Card).

Attached:

The undersigned certifies that the above responses are true and accurate to the best of my knowledge and belief.

Full Name _____ Title _____

Signature _____ Date _____

Notary Public _____ Notary Seal

My Commission Expires _____