



**Request For Criminal Record Check**

DEPARTMENT OF MOTOR VEHICLES  
Agency of Transportation

120 State Street  
Montpelier, Vermont 05603-0001  
802.828.2038  
802.828.2092  
Toll Free: 888-99-VERMONT  
TTD: 711

[dmv.vermont.gov](http://dmv.vermont.gov)

**DMV ONLY  
Hiring Manager**

**Applicants Name:**

\_\_\_\_\_  
Last First Middle

**Maiden Name:**

\_\_\_\_\_

**Other Alias Names:**

\_\_\_\_\_

**Social Security #:**

\_\_\_\_\_

**Place of Birth:**

\_\_\_\_\_  
City / Town State Country

**Date of Birth:**

\_\_\_\_\_  
Month Day Year

**Telephone #:**

\_\_\_\_\_  
Area Code Number

I, \_\_\_\_\_ hereby acknowledge and agree to a check of any criminal record or convictions which may be maintained by the Vermont Criminal Information Center. I understand the result will be made available to the Vermont Department of Motor Vehicles for use in reviewing my suitability for employment, volunteer work or licensing requirements. I further understand I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT 05671-2101.

**Signature of Applicant:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ in the city of \_\_\_\_\_, county of \_\_\_\_\_, State of Vermont in the United States of America.

Notary Public

Date