

Permission to Perform Records check

I, _____, knowingly, and willingly give permission to the Rhode Island
(Print Name)

State Police, Exeter Rescue Corps, Inc., or any other appropriate agency to conduct any Criminal Background, Driving or other records check which may be required or deemed necessary.

Street Address: _____

City or Town: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____.

RI Drivers License# _____ Expires on: ____/____/____.

Signature; _____.

Notary Signature: _____ Date: ____/____/____.

Commission Expires on: ____/____/____.

Notary signature MUST be provided before application will be considered.