

CRIMINAL HISTORY RECORDS
CONSENT FORM

The undersigned individual hereby authorizes Marine St. Lofts to receive any criminal history record information pertaining to me, which may be in the files of any state and/or local criminal agency. Furthermore, in the event it becomes necessary to request specifics regarding "existing out-of-state records" indicated on local file, the applicant will be required to pay an additional charge of \$40.00 per state to obtain the out-of-state records and avoid application rejection. The applicant understands that out-of-state record information can take up to 7 days from the date of request. Receipt of out-of-state records are required as part of the application process. Without it, the application approval will not be granted. Please also provide a copy of your drivers' license with form.

THE INFORMATION BELOW MUST BE COMPLETED BY ALL APPLICANTS 18 YEARS OF AGE AND/OR OLDER.

Please print clearly.

NAME: _____

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SEX: _____ DOB: _____

SSN: _____

APPLICANT SIGNATURE

DATE

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