



MARINE CAROPS COMMUNITY SERVICES / YOUTH SPORTS
PSC 561 BOX 1867
FPO, AP 96310-0019
DSN: 253-5777 (OR 253-3239)

YOUTH SPORTS VOLUNTEER APPLICATION

NAME (First Middle Last): _____ ROTATION DATE: _____

SSN: _____ Birth Date: _____ Place of Birth: _____

Email: _____ PO Box #: _____

Last U.S. Address: _____

Work Phone: _____ Personal Phone: _____

Active Duty: NO _____ YES _____ DOD ID#: _____ Rank: _____ MOS#: _____

Unit: _____ Citizenship: _____ Gender: MALE _____ FEMALE _____

ACTIVITY OF INTEREST:

AGE GROUP PREFERENCE:

BASKETBALL	BASEBALL	(3-4)
CHEERLEADING	FLAG FOOTBALL	(5-6)
SOFTBALL	SOCCER	(7-9)
TENNIS	SWIM	(10 AND ABOVE)

FIRST AID CARD NUMBER: _____ EXPIRATION DATE: _____

EXPERIENCE: _____

Have you coached before? YES _____ NO _____ If so, how much experience? YEARS _____ MONTHS _____

Check all that apply: HEAD COACH _____ ASST. COACH: _____ NO PREFERENCE: _____

Do you have a participating child that you would like to coach? YES _____ NO _____

Child's Name: _____ Child's Birth Date: _____ Age: _____

Child's Name: _____ Child's Birth Date: _____ Age: _____

- When a coach turns in a registration packet with YS they are placed in line to potentially receive a team. Depending on participant registration and coach registration order determines if a coach will have a team or not.

- Coaches are expected to attend all trainings, practices, games, and closing ceremony during the season in play. If practices or games are missed because of illness or occasional work conflicts, he/she needs to plan accordingly with their head or assistant coach so that practices and/or games are not missed.

- All game and practice cancellations are made by the Youth Sports Coordinator. Coaches are not authorized to cancel practices or games. If there is a work conflict, please contact the Youth Sports Coordinator immediately.

- If for any reason a coach cannot fulfill his/her commitments due to work conflicts please notify the Youth Sports Coordinator immediately so a replacement may be found.

- Coaches can earn a minimum of 50 hours Volunteer time. This amount can vary depending on age group, extra practice held, and/or whether assigned as a head or assistant coach.

PRIVACY ACT INFORMATION This form requests certain information pursuant to the Authority of 5 U.S. Code, Section 301, and Executive Order 9397 of 22 November 1943. Submission of the information required by this form is voluntary. If an applicant fails to furnish information requested on this form sufficient to conduct a background investigation and make a determination as to your suitability for employment, your employment application will not be processed. Applicants must provide a Social Security Number (SSN) in order to identify them for personnel record keeping purposes because other people may have the same name and birth date. The SSN may also be used to make requests for information about applicants from employers, schools, banks and other/references, but only as allowed by law. The information we collect by using a SSN will be used for employment purposes and for studies and statistics that will not identify the applicant. Information provided on the form may also be given to federal, state, and other local agencies for checking on law violations or for other lawful purposes. If a background investigation reveals unfavorable information, the application may be disqualified or if relevant to an employee, may result in termination. ROUTINE USE(S): The Department of the Navy Blanket Routine Uses posted at <http://www.privacy.navy.mil/> applies.

SIGNATURE: _____ DATE: _____



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ACTIVE DUTY MILITARY MEMBER VOLUNTEERS AUTHORIZATION FORM

Date: _____

FIRST ENDORSEMENT

Subj: REQUEST VOLUNTEER FOR _____
(name & rank)

1. The above named person is authorized to volunteer their time during his/her off-duty hours under the condition that it does not impair the performance of his/her regularly assigned duties.

Signature of OIC

Print Name & Date

Unit / Duty Phone



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DEPARTMENT OF DEFENSE

AUTHORITY OF RELEASE OF INFORMATION AND RECORDS

-In accordance with the Privacy Act of 1974, I have been provided with a copy of a statement advising me that certain information is required to assist the Department of Defense in making a security determination concerning me and that execution of this form is voluntary.

-I hereby authorize and consent to the release of information and records bearing on my personal history, academic records, job performance, and arrests and convictions if any, to special agents of the Department of Defense. The information will be used for the purpose of determining my qualifications for volunteer service with Marine Corps Community Services (MCCS).

-This authorization is valid for one year after my signing. Upon request, a copy of this signed statement may be furnished to the present or former employer, criminal justice agency, or other person furnishing such information or record.

NAME: _____ DATE: _____

SIGNATURE: _____

VOLUNTEER AGREEMENT FOR

☐ APPROPRIATED FUND ACTIVITIES

☐ NONAPPROPRIATED FUND INSTRUMENTALITIES

PART I - GENERAL INFORMATION

1. TYPED NAME OF VOLUNTEER (<i>Last, First, Middle Initial</i>)		2. YEAR OF BIRTH
3. INSTALLATION	4. ORGANIZATION/UNIT WHERE SERVICE OCCURS	
5. PROGRAM WHERE SERVICE OCCURS	6. ANTICIPATED DAYS OF WEEK	7. ANTICIPATED HOURS

8. DESCRIPTION OF VOLUNTEER SERVICES

PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES

9. CERTIFICATION

I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services, tort claims, the Privacy Act, criminal conflicts of interest, and defense of certain suits arising out of legal malpractice. I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services I will be providing.

a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED (YYYYMMDD)
10.a. TYPED NAME OF ACCEPTING OFFICIAL <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES

11. CERTIFICATION

I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services and liability for tort claims as specified in 10 U.S.C. Section 1588(d)(2). I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers, and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services that I am offering.

a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED (YYYYMMDD)
12.a. TYPED NAME OF ACCEPTING OFFICIAL <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR

13. AMOUNT OF VOLUNTEER TIME DONATED				14. SIGNATURE		15. TERMINATION DATE (YYYYMMDD)	
a. YEARS (2,087 hours=1 year)	b. WEEKS	c. DAYS	d. HOURS				
16.a. TYPED NAME OF SUPERVISOR <i>(Last, First, Middle Initial)</i>				b. SIGNATURE		c. DATE SIGNED (YYYYMMDD)	

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION
(Department of Defense Child and Youth (C&Y) Programs)

OMB No. 0704-0516
OMB approval expires
May 31, 2017

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0516). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE APPROPRIATE C&Y PROGRAM REPRESENTATIVE.

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450 and/or Section 231 of the Crime Control Act of 1990 (42 U.S.C. 13041); DoD Instruction 1402.5, Criminal History Background Checks on Individuals in Child Care Services; DoD Instruction 6060.2, Child Development Programs.

PRINCIPAL PURPOSE(S): To require each employee, DoD contractor, family child care provider, adult family member of a family child care provider, and specified volunteers of a DoD C&Y program to undergo a background check and to annually self-report changes to his or her criminal history. This form covers a five year period at the end of which a new form must be initiated. When completed, records are covered by one of the appropriate SORNs:

Army: http://dpclo.defense.gov/privacy/SORNs/component/army/A0608-10_CFSC.html

Navy: <http://dpclo.defense.gov/privacy/SORNs/component/navy/NM01754-3.html>

Air Force: http://dpclo.defense.gov/privacy/SORNs/component/airforce/F034_AF_SVA-C.html

ROUTINE USES: This form is to be used for DoD C&Y programs only. This form will be initiated by C&Y program staff and will be maintained in C&Y program offices. The DoD "Blanket Routine Uses" found at http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html may apply to these records.

DISCLOSURE: Voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability of working with or around children.

1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)		2. OTHER NAME(S) USED	
3. PLACE OF BIRTH (City, State, Country)	4. DATE OF BIRTH (MM/DD/YYYY)	5. GENDER (X one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
6. INSTALLATION/PROGRAM NAME		7. DATE OF HIRE (To be completed by CDP staff only)	

8.a. Have you ever been arrested, charged, or convicted by Federal, State, or other Law enforcement authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance? (Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.) (X one)

☐ Yes ☐ No If you answered "Yes," explain your answer in the space provided below.

b. Have you ever been arrested, charged or held by Federal, State or Other Law Enforcement Authorities for any crime or offense involving any of the following: Mark Yes or No for each category. Failure to provide information may result in an unfavorable adjudication decision. All other charges must be included in the space provided below even if they were dismissed. If you answered "Yes," explain your answer in the space provided below.

CHILD:	<input type="checkbox"/> Yes <input type="checkbox"/> No	DRUG OR ALCOHOL:	<input type="checkbox"/> Yes <input type="checkbox"/> No	VIOLENT CRIME/ ASSAULTIVE BEHAVIOR:	<input type="checkbox"/> Yes <input type="checkbox"/> No
SEX CRIME:	<input type="checkbox"/> Yes <input type="checkbox"/> No	DOMESTIC VIOLENCE:	<input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER:	<input type="checkbox"/> Yes <input type="checkbox"/> No

(1) MONTH/ YEAR	(2) OFFENSE	(3) ACTION TAKEN	(4) LAW ENFORCEMENT AUTHORITY OR COURT (City & Country if outside the United States)	(5) STATE	(6) ZIP CODE

9. ANNUAL CERTIFICATIONS.

In the past year, I have not been arrested, charged or held by law enforcement in regard to anything mentioned in block 8 above.

☐ Yes ☐ No If you answered "Yes," explain your answer in the space provided on the back of this form.

a. INITIAL CERTIFICATION (1) Signature				(2) Date (YYYYMMDD)	
b. 2nd YEAR (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No	(1) Signature	(2) Date (YYYYMMDD)	c. 3rd YEAR (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No	(1) Signature	(2) Date (YYYYMMDD)
d. 4th YEAR (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No	(1) Signature	(2) Date (YYYYMMDD)	e. 5th YEAR (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No	(1) Signature	(2) Date (YYYYMMDD)

Failure to disclose accurate information may be grounds for dismissal, termination, or disbarment from participating in the program.

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION

10. NOTES (Use this space to enter additional comments.)

11. AUTHORIZATION AND RELEASE CERTIFICATION

I hereby authorize the Department of Defense and other authorized federal agencies to obtain any information required from the Federal government, and/or state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Investigation Service (DIS), the U.S. Office of Personnel Management (OPM), the Department of Homeland Security (DHS), (if applicable), and from the State Criminal History Repository for each state where I have resided and worked. This authorization is valid for one year from the date this form was signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

I have been notified of any employer's or Agency's right to require a criminal history records check as a condition of employment. I understand that I may request a copy of such records as may be available to me under the law. I understand that I have a right to challenge the accuracy and competencies of any information contained in the criminal history records check report. I also understand that pursuant to the Privacy Act, the information collected will be confidential, and disclosure limited to purposes authorized under the Privacy Act - mainly to conduct the background check.

I release any individual, including records custodians, any component of the United States Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance, or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

I declare under penalty of perjury that the statements made by me on this form are true, complete and correct. In addition to the annual certification, I understand that it is my responsibility to immediately inform my employer/supervisor if I am charged with a crime referenced in block 9 above.

WARNING: False statements are punishable by law and could result in fines and/or imprisonment for up to five years.

a. SIGNATURE

b. DATE SIGNED

DEPARTMENT OF DEFENSE CONSENT TO CONDUCT INSTALLATION RECORDS CHECK (IRC)		OMB No. 0704-0586 OMB Approval Expires: 20200930	
<p>The public reporting burden for this collection of information, OMB Control Number 0704-0586, is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p>			
PRIVACY ACT STATEMENT			
<p>AUTHORITY: 34 U.S.C. 20351 (Crime Control Act of 1990); DoDI 1402.05, Background Checks on Individuals in DoD Child Care Services Programs; and E.O. 9397 (SSN), as amended.</p> <p>PRINCIPAL PURPOSE(S): To require all individuals who provide child care services, as defined by Section 20351 of 34 U.S.C. (Crime Control Act of 1990), to undergo an Installation Records Check (IRC).</p> <p>ROUTINE USES: The Routine Uses are listed in the applicable system of records notices found at:</p> <p>Army: A0215-3 SAMR, NAF Personnel Records (https://dpclid.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570010/a0215-3-samr/) and A0690-200 DAFE, Department of the Army Civilian Personnel Systems (https://dpclid.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570099/a0690-200-dape/)</p> <p>Navy and Marine Corps: NM 01754-3, DON Child and Youth Program, (https://dpclid.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570428/nm01754-3/)</p> <p>Air Force: F034 AF SVA C, Child Development/Youth Programs Records (https://dpclid.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-c/)</p> <p>Defense Logistics Agency: S400.20, Day Care Facility Registrant, Applicant and Enrollee Records, (https://dpclid.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570257/s40020/) and</p> <p>National Security Agency: GNSA 19, NSA/CSS Child Development Services, (https://dpclid.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570520/gnsa-19/)</p> <p>This release will be initiated by office or installation staff responsible for the oversight of individuals who provide child care services to children under the age of 18. Once completed, the form will be maintained by the Human Resource (HR) or Security Offices.</p> <p>DISCLOSURE: Voluntary; however, failure to provide all the requested information could preclude employment or continued service in a child care services program position, and may form the basis for withdrawal of a tentative (conditional) job offer, removal from a position and/or the federal service or prohibition from working with or around children.</p>			
SECTION I. SUBJECT'S INFORMATION			
1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements)		2. OTHER NAME(S) USED (e.g., maiden name, nickname, birth name)	
3. PLACE OF BIRTH (City, State, Country)		4. DATE OF BIRTH (MM/DD/YYYY)	5. SOCIAL SECURITY NUMBER
6. CURRENT ADDRESS (Street, City, State, Zip Code)			
SECTION II. AUTHORIZATION AND RELEASE CERTIFICATION (To be signed by Subject or Parent/Legal Guardian)			
<p>I hereby authorize the DoD to conduct an IRC, which includes the release of information pertaining to me within military law enforcement records, the Defense Central Index of Investigations (DCII) and information pertaining to Family Advocacy Program (FAP) records (child and/or domestic abuse) maintained in the FAP Central Registry. I also authorize the other Services within DoD to release the same information listed above from their systems of record for the purposes of completing the IRC. I understand that this consent does not expire and may be utilized to conduct periodic re-verification checks. I also understand that except to the extent such action has been taken, I can revoke my consent at any time but this may preclude my continued service in a Child Care Services position. I understand that pursuant to the Privacy Act, the information collected will be confidential and disclosure limited to purposes authorized under the Privacy Act. I understand that I may request a copy of such records as may be available to me under the law, and that I have a right to challenge the accuracy and completeness of any information contained in the results of the background checks. I release any individual, including records custodians, any component of the United States Government, or the individual supplying information, from all liability for damages that may result on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assignees, associates, and personal representatives of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.</p>			
7a. PRINT NAME (Subject or Parent/Legal Guardian)		7b. DATE (MM/DD/YYYY)	7c. SIGNATURE (Subject or Parent/Legal Guardian)
7d. EMAIL ADDRESS		7e. PHONE NUMBER	
SECTION III. POSITION AND BACKGROUND CHECK INFORMATION			
8a. COMMAND / INSTALLATION / ORGANIZATION		8b. POSITION HIRE / START DATE (estimated) (MM/DD/YYYY)	
8c. POSITION CATEGORY			
<input type="checkbox"/> Civilian Employee (APF)	<input type="checkbox"/> Civilian Employee (NAF)	<input type="checkbox"/> Contractor	<input type="checkbox"/> In-Home Care Providers (Respite Care, Foster Care, Family Child Care)
<input type="checkbox"/> Military Personnel	<input type="checkbox"/> Volunteer	<input type="checkbox"/> In-Home Care Family Members	<input type="checkbox"/> Teen Employee
<input type="checkbox"/> Junior Reserve Officer (JROTC) Instructor	<input type="checkbox"/> Other		

SECTION IV: INSTALLATION RECORDS CHECK*(To be completed based on service specific procedures)***9. FAMILY ADVOCACY PROGRAM**Type of Check: Initial: ☐ Annual: ☐ 5 Year Check: ☐

Date initiated: _____ Date Completed: _____

☐ No record of applicant ☐ Record on fileMet criteria incident found: ☐ Yes ☐ No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

9a. Printed Name of Certifying Official: _____

9b. Signature: _____ Date: _____

10. INSTALLATION LAW ENFORCEMENTType of Check: Initial: ☐ Annual: ☐ 5 Year Check: ☐

Date initiated: _____ Date Completed: _____

No record of applicant: ☐ Record on file: ☐Any derogatory information found: ☐ Yes ☐ No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

10a. Printed Name and Title: _____

10b. Signature: _____ Date: _____

11. DEFENSE CENTRAL INDEX OF INVESTIGATIONS (DCII) (Optional check)Type of Check: Initial: ☐ Annual: ☐ 5 Year Check: ☐

Date initiated: _____ Date Completed: _____

No record of applicant: ☐ Record on file: ☐Any derogatory information found: ☐ Yes ☐ No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

11a. Printed Name and Title: _____

11b. Signature: _____ Date: _____

MCAS IWAKUNI LOCAL RECORDS CHECK

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103 AND EO 9397

PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, NCIS special agents, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken.

ROUTINE USES: Information may be disclosed to local, county, state, and federal law enforcement or investigatory authorities for investigation and possible criminal or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.

DISCLOSURE: Voluntary. SSN is used to positively identify the individual making the statement and as a conduit to check past criminal activity records. Failure to disclose any information may result in delay of processing.

(1) PURPOSE

INSTALLATION ACCESS

SECURITY CLEARANCE

PMO FAP SCREENING

WEAPONS REGISTRATION

OTHER _____

(2) APPLICANT (* is required)

NAME (LAST, FIRST, MIDDLE) *		FULL SSN *		GRADE	MOS
ORGANIZATION (BRANCH/UNIT/COMPANY) OR		CIVILIAN EMPLOYER (EX: MCCS/AAFES/CDC ETC.) OR		FULL ADDRESS	
DATE OF BIRTH (DD/MM/YY) *	PLACE OF BIRTH *	CITIZENSHIP *		SEX *	
RACE *	SECURITY CLEARANCE	COMPLETED BY		DATE ADJUDICATED	

(3) REQUESTER (Signature must be an individual on the Authorization List provided by Unit CO to PMO Admin)

NAME OF RECORD REQUESTOR (LAST, FIRST, MI): _____ RANK: _____ CONTACT#: _____

SIGNATURE OF RECORD REQUESTOR (PHYSICAL SIGNATURE REQUIRED): _____ DATE: _____

*****STOP (PRINT, SIGN ABOVE, AND RETURN TO PMO ADMINISTRATION OFFICE (BLDG 608, 2ND FLOOR)**

RECORDS CHECK REVEALED (FOR PMO ADMINISTRATION ONLY):

PMO RECORDS ☐ CLEAR ☐ FOLLOWING RECORDS

CID RECORDS ☐ CLEAR ☐ FOLLOWING RECORDS ☐ N/A

NCIC RECORDS ☐ CLEAR ☐ FOLLOWING RECORDS ☐ N/A

COMMENTS :

FOR ANY QUESTIONS CONCERNING THIS RECORD CHECK, PLEASE CONTACT PMO ADMINISTRATION AT 253-3278 OR 253-4386.

CHECKED BY (PRINT): _____

VOID IF MISSING PMO SEAL

SIGNATURE: _____

DATE: _____

RECEIVED BY (PRINT): _____

SIGNATURE: _____

DATE: _____