## **Cumming Police Department**

301 Veterans Memorial Boulevard Cumming, GA 30040



Telephone: 770-781-2000 Fax: 770-781-3481

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I (Requestor) hereby give consent to the City of Cumming Police Department to conduct an inquiry into, and to receive the results thereof, any Criminal History Record Information which may be contained in the files of any state or local criminal justice agency in Georgia. PLEASE PROVIDE A COPY OF YOUR VALID STATE/GOVERNMENT PHOTO ID.

City State Zip  Phone: E-mail:  Sex Race DOB / / SSN  Signature Date of Inquiry Time of Inquiry  Purpose Code Used (Circle)  E Employment/Licensing (General) — Provides Georgia Criminal History Record Information.  M Employment w/Mentally Disabled - Provides Georgia Criminal History Record Information.  M Employment w/ Eldier Care - Provides Georgia Criminal History Record Information.  M Employment w/ Children - Provides Georgia Criminal History Record Information.  M Employment w/ Endier Care - Provides Georgia Criminal History Record Information.  M Employment w/ Children - Provides Georgia Criminal History Record Information.  M Employment w/ Children - Provides Georgia Criminal History Record Information.  P Public Records — Provides Georgia felony convictions only.  U Personal Records — Provided only to Person of Record or their attorney. Includes restricted records.  The inquiry resulted in the following:  NO Georgia Criminal History Record Information found.  Georgia Criminal History Record Information released to Requestor.  NO GCIC/NCIC warrant results available.  Possible GCIC/NCIC warrant. Contact agency listed below.  Agency Name: Agency Phone:	Full N	ame (Print)		3	9					
Phone:  Sex Race DOB / / SSN    Signature   Signature   Purpose Code Used (Circle)	Curre	nt Address (S	treet)					25000 80		
Sex Race DOB / / SSN    J_/202	City				State Zip			Zip		
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	Agenc	y Name:					Age	ncy Ph	one:	
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Title/Badge No.

Operator Signature

## **PERMIT QUESTIONNAIRE**

As part of the background investigation being conducted by the City of Cumming and the Cumming Police Department in connection with your application for a Permit, you are requested to answer the following questions. If you answer "YES" to any of the questions, complete the information required. A false statement may result in the denial of your application and may subject you to prosecution under OCGA 16-10-203, False Statements and Writings, punishable for up to five years in prison. Please sign and date the form in the presence of a witness (Police Department staff will be acceptable as the witness).

1. Are you currently	on Probation or Parc	ole? 🗆 NO	□ YES									
2. Have you ever been arrested? □ NO □ YES												
List all arrests by date,	charge and location.	Use a separa	te page for additional a	rrests.								
APX. DATE	CHARGE		LOCATION									
APX. DATE	CHARGE		LOCATION									
APX. DATE	CHARGE		LOCATION									
APX. DATE	CHARGE		LOCATION									
APX. DATE	_ CHARGE		LOCATION									
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CRIME? NO Y		R BEEN CONVI	CTED OF OR PLED GUILT	TY TO A								
SIGNATURE OF APPLICAN	IT			DATE								
			WITNESSED BY:									
				INITIAL)								