

Fish & Wildlife Department
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Agency Of Natural Resources

VERMONT CRIMINAL INFORMATION CENTER
FINGERPRINT AUTHORIZATION CERTIFICATE

APPLICANT: You must bring this certificate with you to your fingerprinting appointment. Identification Center staff **WILL NOT** submit your fingerprints to VCIC for processing without this form

Agency Code: FW4

REASON FINGERPRINTED:

Adoption Education NCPA-Employment NCPA-Volunteer Secretary of State

NAME: _____
Last First Middle

OTHER NAMES USED: _____

DATE OF BIRTH: _____
SSN: _____

PLACE OF BIRTH: _____
Town State Country

TELEPHONE NUMBER: _____

In addition to Vermont I have resided or been employed in the following states: (If applicable, circle appropriate states)

CO HI IL MA MS MT NB NH RI UT WY

Applicant Signature: _____

I certify that the above applicant has appeared before me and paid his or her criminal record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Our agency is responsible for paying the record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Agency Staff Signature: Nicole Meier Date: 12/11/2015

IDENTIFICATION CENTER USE ONLY:

TVT: _____ Date Printed: _____

IDENT CENTER STAFF – Mail these forms to:
VCIC – 103 S. Main St, Waterbury VT 05671 Attn: Criminal Record Check Program

