



# Plainfield Fire & Rescue

PO Box 217

169 Main Street, Plainfield, VT 05667

(802) 454-8479 / (802) 839-6302

(TAX ID 26-1801958)

**\*\*\*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: **00527**

**REASON FOR FINGERPRINTS:**

\_\_\_\_ ADOPTION \_\_\_\_ EDUCATION \_\_\_\_ NCPA-EMPLOYMENT \_\_\_\_ NCPA-VOLUNTEER  
\_\_\_\_ SECRETARY OF STATE

NAME: \_\_\_\_\_

\_\_\_\_\_  
LAST FIRST MIDDLE

**MAIDEN/OTHER NAMES:**

\_\_\_\_\_

**DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

**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 the appropriate states.))

AL	CO	DE	GA	HI	ID	IL	IN	IA	KY	LA	MD
MA	MN	MS	MO	MT	NB(NE)	NV	NH	NM	OH	OR	PA
RI	SC	TN	UT	WV	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:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**IDENTIFICATION CENTER USE ONLY:**

**TVT:** \_\_\_\_\_ **DATE PERIOD:** \_\_\_\_\_

**ATTENTION: ID CENTER'S, THE FOLLOWING FIELDS ARE REQUIRED \* BEFORE PRINTS CAN BE TAKEN.**