

# ATTACHMENT 3

## REQUEST FOR FDLE CRIMINAL HISTORY INFORMATION

**TO FDLE**

User Services Bureau  
Post Office Box 2489  
Tallahassee, FL 32302-1489

**FACILITY NUMBER** 524140  
**DC&F District** Suncoast Region #23  
**From:** Pinellas County License Program  
4175 East Bay Drive, Suite 350  
Clearwater, FL 33764  
**Telephone:** 727-507-4857

**THE MORE COMPLETE THIS INFORMATION, THE BETTER THE SEARCH AND ASSOCIATED RESULTS WILL BE. PLEASE TYPE OR PRINT CLEARLY.**

**Applicant Name:** \_\_\_\_\_  
Last First Middle

**Other names applicant has used (include maiden names and nicknames)**  
\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Race (circle one):** Black White Asian American Indian  
Alaskan Native Unknown

**Sex: (circle one):** Male Female

**Social Security Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**I certify that the person listed above is a volunteer (intern) or a caretaker employee requiring a five-year rescreening. I understand that the Legislature has established a reduced payment of \$8.00 for the criminal history checks of these persons.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**