



## DISTRIBUTOR OF DANGEROUS DRUGS OFFICER/OWNER CRIMINAL RECORDS CHECK FORM

**Please submit this form with your application. It must be submitted as a single PDF document.**

Name of Business
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Please provide the full **legal** name (no nicknames), title and last four digits SSN for those persons who are submitting fingerprints for a criminal records check.

First Name	Last Name	Title	Last Four Digits SSN

*Duplicate this form as necessary.*

