

BCI REPORT REQUEST FORM

To be filled out by person requesting the report, NOT the Applicant.

Date: _____

YOUR CONTACT INFO

Your name: _____

Company: _____

Address: _____

City, State Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Applicant's Name: _____

Social Security #: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

OPTIONAL INFO:

License #: _____ Type: _____ State: _____

School Last Attended: _____

City, State of School: _____

Special Instructions: _____

Authorized Signature

Fax to 714 800-1789