

CASTLE ROCK POLICE DEPARTMENT BACKGROUND CHECK

DRIVER'S LICENSE

Social Security:

Phone Number

Fax:

Email:

Alias Name(s):

Address: (if different from driver license):

Certified (Notarized)

Non-Certified

Delivery:

- Pick Up
- Mail
- Email

Payment:

- Cash
- Check (in-state only)
- Credit Card (All except Amex)

I _____, authorize Castle Rock Police Department to do a background check for the Castle Rock Police Department jurisdiction ONLY.

Signature

**** ALL BACKGROUND CHECKS ARE \$10 PER PERSON****