

PHONE NO: 772-334-8900
 CO: ADVANTAGE PROPERTY MANAGEMENT
 ASSOCIATION: PROMENADE AT TRADITION/478
 CONTACT: REBECCA
 E-MAIL/ FAX: REBECCAD@ADVPROPMGT.COM

FEDERAL BACKGROUND SERVICES
 PHONE 561-969-9966
 FAX 561-969-9988

PROMENADE APPLICANTS! ONLY FILL OUT HIGHLIGHTED AREAS ONLY!

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____
 MAIDEN _____ D.O.B _____ SOCIAL SEC # _____ SEX _____

INDIVIDUAL OPTIONS (FOR OFFICE USE ONLY)

- | | |
|--|---|
| <input type="checkbox"/> FLORIDA CRIMINAL HISTORY FDOC \$10.00 | <input type="checkbox"/> SOCIAL SECURITY VERIFICATION \$5.00 |
| <input type="checkbox"/> FLORIDA CRIMINAL HISTORY FDLE \$30.00 | ALIEN # _____ DOC TYPE _____ |
| <input type="checkbox"/> NON-FL CRIMINAL HISTORY(STATE) _____ \$30 +
COUNTY, CITY OR ZIPCODE _____ | <input type="checkbox"/> FLORIDA WORKERS' COMP HISTORY \$5.00 |
| <input type="checkbox"/> FL DRIVERS LIC HIST 3 YEAR \$5.00
FL DL # _____ | <input type="checkbox"/> FLORIDA SEXUAL OFFENDER / PREDATOR \$5.00 |
| <input type="checkbox"/> FL DRIVERS LIC HIST 7 YEAR \$7.00
FL DL # _____ | <input type="checkbox"/> NATIONWIDE & INTERNATIONAL CRIMINAL CHECK
Includes sexual predator/offender \$15.00 |
| LOCATION VERIFICATION \$20 PER EACH
**CALL FOR VERIFICATION FORM | <input type="checkbox"/> NATIONWIDE SEXUAL OFFENDER \$5.00 |
| <input type="checkbox"/> EMPLOYMENT VERIFICATION \$40 EACH
CONTACT NAME: _____
PHONE NUMBER: _____ | <input type="checkbox"/> OUT OF STATE DRIVER LIC. HIST _____ \$15.00
NON FL DL # _____ |
| <input type="checkbox"/> INTERPOL WORLDWIDE CRIMINAL \$10.00 | <input type="checkbox"/> CREDIT HISTORY INDIV. \$15.00
PRESENT ADDRESS _____
CITY, STATE, ZIP _____ |
| <input type="checkbox"/> VEHICLE TAG SEARCH _____ \$10.00 | <input type="checkbox"/> JOINT CREDIT HISTORY \$25.00
SPOUSE NAME _____
SPOUSE SOCIAL _____ |

<input type="checkbox"/> PACKAGE #1 \$40.00 FDLE CRIMINAL HISTORY NATIONWIDE CRIMINAL RECORDS SOCIAL SECURITY VERIFICATION FL WORKERS COMP	<input type="checkbox"/> PACKAGE #2 \$30.00 FDOC CRIMINAL HISTORY NATIONWIDE CRIMINAL RECORDS SOCIAL SECURITY VERIFICATION FL WORKERS COMP
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SIGNATURE REQUIRED TO PROCESS REQUEST

Please Fax Release form to 561-969-9988

I hereby authorize FEDERAL BACKGROUND SERVICES, INC. To perform any all necessary searches for the above named company

SIGNATURE _____ DATE _____

--FEDERAL BACKGROUND SERVICES REQUEST FORM