



CRIMINAL RECORD FORM

PAA Services, Inc.
1925 North Front Street, Harrisburg, PA 17102
Phone: 1-800-242-3745

Dealership Name: _____

Dealership Address: _____

Dealership Contact: _____

Phone: _____ Date Requested: _____

Name of Record Check:

(Last) (First) (Middle)

Maiden Name and /or Aliases: _____

Social Security Number: (required) Identity Theft Number: (if applicable)

Date of Birth: Sex: Race:

Reason for Request (Check one):

- Contract
- Employment
- GSS
- Other _____

Mail the request form with a check for \$13.00 made payable to PAA Services Inc.

Mail to: PAA Services Inc.
(attn: Criminal History)
1925 North Front Street, Harrisburg PA 17102

Return by:

_____ Mail
_____ Special Handling Airbill Account Number _____
(Circle one of the following)

FEDEX UPS

When completing this form, typing is preferred, PAA cannot be responsible for misspellings when application is illegible.