



CRIMINAL RECORD FORM FOR PENNSYLVANIA ONLY!

PAA Services, Inc.
1925 North Front Street, P.O.
Box 2955
Harrisburg, PA 17105-2955
Phone: 1-800-242-3745 Fax: (717) 255-8356

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 _____

Make \$13.00 check payable to PAA Services Inc.

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.