



# 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: 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 \$27.00 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

**Please fill form out on line, for legibility purpose,  
PAA cannot be responsible for misspellings when application is illegible.**