United States Probation Office Southern District of Florida

Contractor / Vendor Background Investigation Form

This form must be filled out completely and accurately.

This form may be typed or handwritten. If typed, you can type directly into this form using Adobe Acrobat. You cannot save the typed information unless you are using "Adobe Acrobat Professional." Use the TAB key to navigate between required fields. If handwritten, information must be legibly printed in ALL UPPERCASE LETTERS.

Complete and Last	Full Name(s): (including aliases and First	d maiden nam	es):			
Name:		Name:			Middle:		
Aliases and M	aiden name(s):						
Date of Birth:	irth:		er:	Birth Country:			
Race (Check Only One):	Asian	Black	Indian	White	e		
Eye Color:		Hair _ Color:	Height	•	Weight:	Sex:	
Driver License Number:				State Issued:			
Name of Your	Company:						
	•	be performing work	k:				
	T	HIS FORM MUST	<mark>BE SIGNED B</mark>	<mark>Y APPLICAN</mark>	T ONLY		
By signing this form, I declare all information to be accurate and complete. I understand this information will be used for an FBI Records Check to include fingerprints.							
Signature (must be actual signature not electronic signature):				Date:			
	**	DO NOT COM THIS SECTION FO					
				See Attached	No Record	Pending	
			FBI:				
Florida State Department of Law Enforcement:							
Metro-Dade Police Department:							
Comprehensive Case Information System:							
Remarks:							
Date of Report	Date of Report: Completed By:						
FOR COMPLETION BY THE APPOINTING OFFICER				2	INTERNAL USE ONLY		
Upon review of the attached NCIC background report, I have:					Fingerprints completed		
approved clearance and,				Notes:	Notes:		
disa	pproved clearanc	ce and,					
did not think it necessary to discuss with the candidate.							
discussed with the above referenced candidate.							
Signature of A ₁	ppointing Office	r		Date			