

Alaska Background Check Program

Legal Name:

First

Last

Any other Names Used previously: (aliases, nick names, legal names etc...)

Social Security # _____ Driver License # _____

Ht. ___ ft. ___ in. Wt. _____ Eye Color _____ Hair Color _____ Race _____

Place of Birth City _____ State _____ Date of Birth _____

Citizenship _____

Physical Address _____

_____ Date you moved to this address _____

Current Mailing Address _____

Residential History for Past 10 Years

City State From Month From Year To Month To Year

Attach additional pages if necessary.