

APPLICANT BACKGROUND CHECK

SECTION ONE: APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____ Suffix: _____
Maiden Name: _____ Driver's License/ID Number: _____ State Issuing: _____
Sex: Male Female Race: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
Date of Birth: ____/____/____ Place of Birth: _____ Citizenship: _____
Home/Mailing Address: _____

SECTION TWO: AGENCY INFORMATION (COMPLETED BY REQUESTING AGENCY)

Agency Name: WEST VIRGINIA REAL ESTATE COMMISSION
Agency ORI: WV920123Z Service Code: 228Q6K
Reason Fingerprinted: Self Employment Volunteer State Statute: WVC 30 - 40 - 11
Point of Contact with Agency: Heather Casdorph
Phone: 304-558-3555 Email Address: Heather.N.Casdorph@wv.gov
Agency Address: 300 CAPITOL STREET, SUITE 400 CHARLESTON, WV 25301
Original TCN _____ (If resubmission for rejected fingerprints)

SECTION THREE: TYPE OF BACKGROUND CHECK

State ONLY State AND Federal Central Abuse NCPA/VCA State/Fed with Facility #
 RESULTS WILL BE SENT TO AGENCY ADDRESS- 300 Capitol Street, Suite 400 Charleston, WV 25301

SECTION FOUR: FOR MORPHOTRUST REPRESENTATIVE ONLY

Date of Livescan: _____ Amount Charged for Service: _____
Paid by: Check Money Order Visa MasterCard Billing Account: _____
TCN: _____

I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION; I HAVE FINGERPRINTED THE SAME PERSON.

Printed Name of Enrollment Officer: _____

Signature of Enrollment Officer: _____