

ARAPAHOE COUNTY A.R.E.S./R.A.C.E.S. INFORMATION FORM

Last Name _____ First: _____ Middle: _____

Address: _____

Apartment: _____

County: _____ City: _____ State: Colorado

Zip code: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____
 MONTH DAY YEAR

Amateur Radio Call Sign: _____ License Class _____

Sex: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Colorado Drivers License Number: _____

Home Phone Number _____

Have you ever been convicted of a felony? _____ YES _____ NO

I hereby certify that the above information to be true and accurate. I understand that this background check is voluntary.

(SIGNATURE)

(DATE)

This application will be submitted to the Arapahoe County Sheriff's Office for the processing of a background check.