



REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

SECONDARY METAL RECYCLER CERTIFICATE

Pursuant to KRS 433.902, I am requesting that the Kentucky State Police provide any criminal history record information, as defined in 502 KAR 30:010, found in the Kentucky centralized criminal history record information system concerning me, to the Kentucky Office of Occupations and Professions of the Public Protection Cabinet. I have provided my identifying information in Section 2 of this form. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State Police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

REQUESTER INFORMATION (PLEASE PRINT):

NAME (Last, First, Middle): _____

MAIDEN NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

SEX: Male _____ Female: _____ RACE: _____

Signature Date Witness Date

INSTRUCTIONS:

1. The requester should ensure that all information is complete (**incomplete forms will not be processed**).
2. The requester should forward a **check or money order** made payable to the **Kentucky State Treasurer** in the amount of **\$20.00** for each submitted form.
3. A request should be accompanied by **two, self-addressed stamped envelopes** – one bearing the name and address of the requester and the other bearing the name and address of KY Registry for Secondary Metals Recyclers P.O. Box 1360 Frankfort, KY 40602.
4. The Kentucky State Police will charge a \$25.00 fee on each returned check.

RETURN THIS FORM TO:

Kentucky State Police
Criminal Identification and Records Branch
Criminal Records Dissemination Section
1266 Louisville Road
Frankfort, KY 40601
Visit us online @ <http://kentuckystatepolice.org>