COLLECT BACKGROUND REPORT FOR VENDORS/CONTRACTORS

Fax to Attention Tracie Gadrow 860-920-3081 – OR- Email scanned forms to DOC.Collect1@ct.gov

NAME _____ **D.O.B.** _____
(LAST) (FIRST) (MI) (MM/DD/YYYY)

MAIDEN NAME _____ **SSN** _____

HGT. _____ **WGT.** _____ **RACE** ____ **SEX** ____ **EYES** _____**HAIR** _____

SCARS TATTOOS _____ **VENDOR:**_____

DRIVER'S LICENSE # _____ **STATE** _____

CO. CONTACT EMAIL:_____**PHONE:** _____

OFFICIAL USE ONLY – DO NOT COMPLETE:

	POSITIVE RESPONSE	NO PRIOR CONVICTIONS
FL02 DRIVER INFO _____	☐	☐
FLQW CT VEHICLE/WANTED INQ.	☐	☐
SPRC CT MASTER FILE	☐	☐
SPSC CT SUSPENSE FILE	☐	☐
OBTS OFF. BASED TRACKING CHECK	☐	☐
FLQH INTERSTATE III CHECK	☐	☐
RT45SS DOC SS CHECK	☐	☐
RT45NM DOC NAME CHECK	☐	☐
FLIQ OUT OF STATE CHECKS		
RI	☐	☐
NY	☐	☐
MA	☐	☐
_____	☐	☐

CHECK COMPLETED BY _____DATE _____

Comments/Findings: **OFFICIAL USE ONLY:**

Arrest Date:	Arresting Agency/Docket Number:	Charge:	Level: Misd. or Fel.	Date Disposed:	Court Disposition:

Please note: this form will not be processed if incomplete or illegible
Please read and sign below in the presence of a witness

ACKNOWLEDGEMENT

I, the undersigned, acknowledge and understand that the Connecticut Department of Correction (CTDOC) can deny any individual entry to any correctional facility administered by the CTDOC at any time.

Signature of Applicant _____ *Date Signed* _____

Signature of Witness _____ *Date Signed* _____

Revised 04/21/2016