



ARKANSAS STATE POLICE

ASP-122
(Rev. 04/p0)

Identification Bureau
Individual Record Check Form

Full Name: _____
First Middle Last Name / Maiden/Other

Date of Birth: _____ State of Birth: _____ Race: _____ Sex: _____
(Month/Day/Year)

Social Security #: _____ Driver's License #: _____
State

Mailing Address: _____
Street City State ZIP

Daytime Phone #: (____) _____ Job title/position _____

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL
RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING
PERSON OR ENTITY:

Name: **ARKANSAS AUCTIONEERS LICENSING BOARD** phone) **(501)682-1156**
(First/MI/Last Name) or Full Name of Agency

Mailing Address: **900 W. Capitol, Suite 400, Little Rock, AR 72201**
Street City State ZIP

Signature: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF _____
§
COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state
aforesaid, this the _____ day of _____, 20 _____.

Notary Public

☐ 82001 Civil Record Check

☐ 80001 FBI Record Check