

DATA PRACTICES ADVISORY

The Minnesota Data Practices Act requires that you be advised of the following information:

You are being asked to provide private and/or confidential data about you, which will be used to check criminal histories, arrest records, and warrant information.

You may refuse to provide this information; however, should you refuse, the investigation cannot be completed and will result in your application not being processed. The information that you provide will be used by the licensing agency to complete its investigation, and may be conveyed to other law enforcement agencies.

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

SIGNATURE	DATE
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PLEASE PRINT ALL INFORMATION BELOW

NAME (LAST, FIRST, MIDDLE, JR/SR)
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DATE OF BIRTH	Home phone number	Business phone number
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MAIDEN NAME (IF APPLICABLE) **OR** OTHER NAMES YOU HAVE USED

PRESENT RESIDENCE ADDRESS	CITY and COUNTY	STATE	ZIP CODE
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RACE	SEX	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
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MN DRIVER'S LICENSE OR STATE ID NUMBER

PCSD use only
Comments: