

## Sublette County Sheriff's Office Tip Top Search and Rescue



I,				
I hereby authorize SCSO to conduct the local am aware that records of arrests or pending public knowledge. Only qualified SCSO per gathered and the Coordinator and Board of a pass/fail status of investigated individuals.	g charges and/or conv rsonnel will have acce f Directors of TTSAR	victions are not for ess to information		
Please print for identification purposes:				
Full Legal Name:				
First	Middle	Last		
Other Names Used In Past:				
Current Address:				
Date of Birth:	Gender: Female _	Male		
Social Security Number:		-		
Driver's License Number:	State	Issued:		

(0ver)

•	ever been convicted of a criminal gainst you?	l *offense or have any pending crimin	al*
Yes	(provide detail on separate pag * This refers only to felonies a include non-criminal tr	and misdemeanors; you do not need to	Э
Authorization any falsific signing be background decision muthin thr	cation or omission of information clow I hereby provide my authorized and check. I have the right to appe hade by SCSO and TTSAR based tree business days of receipt of suc	ion provided in this Notice and to is true and complete. I understand a may disqualify me for membership. I writing, an adverse membership on my background check information on the form SCSO and TTSAR's receipt of standard control of the standard	By ip n ny
Signature		 Date	