



The Francis Foundation

Services in Mental Health, Education, and Developmental Disabilities

"Unconditionally Committed to the Welfare of Children"

<p>Business Office 382 Hercules Drive, Suite 6 Colchester, VT 05446 (802) 655.5718 (phone) (802) 655.9758 (fax)</p>		<p>Program Office 16 Church Street Middlesex, VT 05602 (802) 229.6369 (phone) (802) 229.9467 (fax)</p>
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VERMONT CRIMINAL INFORMATION CENTER FINGERPRINT AUTHORIZATION CERTIFICATE

APPLICANT: You must bring this certificate with you to your fingerprinting appointment. Identification Center staff **WILL NOT** take your fingerprints without this form.

Agency Code: 01242VP

REASON FINGERPRINTED:

Adoption Education NCPA – Employment NCPA – Volunteer Armed Guard

NAME: _____
Last First Middle

ALIAS: _____

DOB: _____ SSN: _____

POB: _____
Town State Country

TELEPHONE NUMBER: _____

Applicant Signature: _____

I certify that the above applicant has appeared before me and paid his or her criminal record check fee.

Amount: \$0.00

Payment Method: Employer Expense

Employer Staff Signature: Melani Barch

Date: _____

IDENTIFICATION CENTER USE ONLY:

TVT: _____ Date Printed: _____

IDENT CENTER STAFF – Mail these forms to:

VCIC – 103 S. Main St, Waterbury VT 05671 Attn: Criminal Record Check Program