

**COLLECT BACKGROUND REPORT** Fax to Attention Tracie Gadrow 860-920-3081 – OR-  
**FOR VENDORS/CONTRACTORS** 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 \_\_\_\_\_

<b>Comments/Findings:</b>					
<b>OFFICIAL USE ONLY:</b>					
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 \_\_\_\_\_